



LISTUGUJ
EDUCATION, TRAINING & EMPLOYMENT

EMPLOYEE ABSENCE REQUEST FORM

Listuguj Education, Training & Employment
1 Riverside West Listuguj, Qc G0C 2R0

Phone: 418-788-2248

Fax: 418-788-5980

EMPLOYEE

Name : _____

Sick

Vacation

Overtime

Bereavement

Other

Requesting : _____ Day(s) or _____ Hour(s) From: _____ To: _____

Reason for Absence :

Employee Signature

Date

ADMINISTRATION

Confirmation of Available Accumulated Leave

Number of Vacation Days: _____ Number of Sick days: _____ Number of OT Hours: _____

Verified By

Received Date

Approved Not approved

Comments: _____

Director's Signature

Date