

NURSE MANAGEMENT SERVICES OF GEORGIA, INC.

Absence Request

Absence Information

Employee Name: _____

Employee Number: _____ Department: _____

Manager: _____

Type of Absence Requested:

- Sick Vacation Bereavement Time Off Without Pay
 Military Jury Duty Maternity/Paternity Other

Dates of Absence: From: _____ To: _____

Reason for Absence:

*You must submit requests for absences, other than sick leave, two days prior to the first day you will be absent. Request must be faxed to (770)991-6972 2 days in advance. **(Please call to verify we received request)***

Employee Signature

Date

Manager Approval

- Approved
 Rejected

Comments:

Manager Signature

Date