

# Kitchen Absence Request Form

Employee Name: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Date of Absence: \_\_\_\_\_ through \_\_\_\_\_

If Partial day: Begin time \_\_\_\_\_; End time \_\_\_\_\_ \*Total Hours Off: \_\_\_\_\_

## Type of Absence Requested:

\_\_\_\_ Sick

\_\_\_\_ Other

\_\_\_\_ Professional Development

\_\_\_\_ Vacation/Personal

Reason: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

You must submit for absences, other than sick leave, 7 days prior to the first day you will be absent.

Kitchen Faculty Signature: \_\_\_\_\_

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## Management Approval

Kitchen Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office Use Only

Checked by: \_\_\_\_\_

Date: \_\_\_\_\_