



423 Executive Center Blvd., Ste 100
El Paso, TX 79902
Ph #: 845-2211

Absence Request/Lunch Schedule Change

Absence Information

Employee Name: _____

Employee Number: _____ Department: _____

Manager: _____

Type of Absence Requested:

- Sick *
 Vacation *
 Bereavement*
 Maternity/Paternity*
 Military
 Jury Duty
 Time Off Without Pay
 Lunch Schedule Change
 Other: _____

Dates of Absence: From: _____ To: _____

Reason for Absence:

Date back to work:

You must submit requests for absences, other than sick leave, two days prior to the first day you will be absent. Request for sick paid time off must be submitted the following day after work resumption.

**Paid time off is dependent on employee's eligibility and availability paid time off.*

Employee Signature _____ Date _____

Manager Approval

- Approved
 Rejected

Comments:

Manager Signature _____ Date _____