



Garrison Forest School

Leave Request Form

Absence Information

Employee Name: _____

Division/Department: _____

Request Date: _____

Division Head/Direct
Report: _____

Type of Absence Requested:

- ☐ Sick ☐ Vacation ☐ Personal ☐ Military
☐ Jury Duty ☐ Other

Dates of Absence: From: _____ To: _____

Reason for Absence:

Employee Signature

Date

Manager Approval

- ☐ Approved
☐ Rejected

Comments:

Manager Signature

Date

If the employee is absent due to illness for three (3) consecutive days, he or she must furnish a doctor's note allowing a return to work. Please return to Meisha Dockett, Human Resources Manager for processing.