



ABSENTEE REQUEST

TOOELE CITY HALL • 90 NORTH MAIN • TOOELE, UT 84074 • PHONE 435-843-2100 • FAX 435-843-2106

Name _____ Department _____

Date of Request _____

Requested days or time of absence: FROM: _____ TO: _____ TOTAL HOURS _____

Briefly describe the nature of your leave:

I plan to use: Comp-time Vacation Sick Leave

EMPLOYEE SIGNATURE _____ DATE _____

APPROVED:
SUPERVISOR/DEPARTMENT HEAD _____ DATE _____