



St. Joseph Church

A Catholic Community

11901 Acacia Ave • Hawthorne, CA 90250
310.679.1139 • www.stjosephhawthorne.org

Absence - Vacation Request Form

Instructions

Complete all sections of this form and give it to your Supervisor for approval. For sick days in excess of 3 work days, please attach a statement from physician certifying necessity of Medical Leave.

Date

Employee Name: _____ Beginning date of absence: _____

With Pay: _____ Without Pay: _____ Last date of absence: _____

Reason

Please indicate number of days to be applied for payment as sick or vacation if any, otherwise list number of days as personal or other.

Vacation: _____ Personal: _____ Sick: _____ Other: _____

Employee Comments:

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date Received: _____

Comments:

Payroll Use Only

Dates approved: _____ Date Confirmed request with Employee: _____

Number of Days Payable: _____ Noted on Payroll: _____

As of _____ Available Dates: Vacation: _____ Sick: _____

Notes: