



Visceral Solutions, Inc

Providing Employer Administration Resources

Employee Absence Request Form

Date: _____ Company Name: _____

Employee Name: _____ SSN: _____-_____-_____

Dates requested for absence:

One day ____ / ____ / ____

Multiple days ____ / ____ / ____ through ____ / ____ / ____

Reason for absence: _____

* Please note that a time off request is just a request and that approval will be determined based on available time, absence history and business needs.

Type of absence:

PTO

Sick Time

Other: _____

Vacation Time

Unpaid

I understand that if I am allowed to use PTO/Vacation/Sick time that I have not accrued/earned yet, resulting in a negative balance, that my balance will remain in the negative until I accrue/earn enough time to pay the Company back.

I further understand and agree that this amount will be deducted from my final paycheck if my employment were to terminate for any reason before I am able to earn it back. By signing below, I specifically authorize any deductions to be made from my final paycheck for this purpose.

Employee Signature: _____ **Date:** _____

Approval: Approved Denied

Reason:

Manager Name: _____ **Date:** _____

Manager Signature: _____