



Box 680 / Ottawa, Kansas 66067 / (785) 242-5170  
www.ottawacoop.com

## EMPLOYEE EXCUSED TIME REQUEST FORM

Employee Name: \_\_\_\_\_

Dates to be gone: \_\_\_\_\_

Reason for absence: Circle One      Vacation      Sick      Jury Duty

Meeting/Conference      Funeral      No Pay      FMLA      Employee Training

Other – Explain \_\_\_\_\_

Call back # (Number where you can be reached to confirm the absence) \_\_\_\_\_

Fax to Clark at 785-242-0585

Company Use:      Authorized by: \_\_\_\_\_

Date Call back placed: \_\_\_\_\_

Absence approved: Yes No