

The Waggoners Trucking

LEAVE OF ABSENCE REQUEST FORM

NAME OF EMPLOYEE: _____

Department/Terminal: _____

Date of Report: ___/___/___ Date of Hire: ___/___/___

PAID TIME OFF

Vacation Day

Funeral leave: in town ___ out of town ___

Personal Day

Jury Duty

Sick Day

Scheduled work dates to be out: from ___/___/___ thru ___/___/___

Total # of Days _____
(Do not include normal days off)

UNPAID ABSENCE Excused ___ Not Excused ___

Sick Day

Other: _____

Scheduled work dates to be out: from ___/___/___ thru ___/___/___

REQUESTS TO BE PRE-APPROVED BY PERSONNEL

30 Day Medical Leave

Family Medical Leave

Requested work dates to be out: from ___/___/___ thru ___/___/___

Total # of Days _____
(Do not include normal days off)

LATE REPORT

Date: ___/___/___ Time due at work: _____ Time reported in: _____

Did the employee inform the company in advance? Yes No

If so, who and when: _____, title _____

Comments: _____

Action taken: _____

Employee signature: _____

Date: ___/___/___

Supervisor's signature: _____

Date: ___/___/___

Distribution to Corporate Headquarters – fax to Personnel (406) 248-3117

Attachments: Yes No

Personnel approval _____ Date _____