



**MICHIGAN REHAB SERVICES PROVIDER INC.
ABSENCE REQUEST**

ABSENCE INFORMATION

Employee Name: _____

Type of Absence Requested:

____ Sick ____ Vacation ____ Bereavement ____ Time Off Without Pay

____ Military ____ Jury Duty ____ Maternity /Paternity ____ Other

Dates of Absence: From: _____ To: _____

Reason for Absence:

Please complete this form for any and all absences. Before planning your vacation, MRSP approval is required. IF your request is for less than 5 days, please submit this request 2 weeks prior to the first day requested. If your request is for 5 days or longer, you must submit this form 30 day prior to the first date of you vacation.

Employee Signature *Date*

MRSP APPROVAL

____ *Approved*

____ *Rejected*

Comments:

MRSP Signature *Date*