

Golightly & Long, LLC., Inc.

TEAM PLAYER ABSENCE REPORT FORM

Please print when filling out this form. All sections must be completed. Forward to the Payroll Department immediately upon Supervisor's approval.

Date of Request: _____

Team Player Name: _____

Location #: _____

Number of Days Requested: _____

Dates of Absence: _____ **through** _____

Reason for Absence:

_____ Vacation (if available)

_____ Uncompensated Absence (Explanation on line below)

RE: _____

Remarks: _____

Team Player Signature: _____

Supervisor Signature: _____

Officer Signature: _____