



Abarim Home Healthcare, Inc.

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ABSENCE REQUEST FORM

Please refer to section 7 in the Employee Handbook for leave guidelines.

Employee Section

Employee Name: _____ Phone #: _____

Client(s) Name(s): _____

Type of Absence Requesting: **Must provide additional documentation.*

Sick Bereavement Vacation Emergency FMLA* Personal Time Jury Duty*

USERRA/Military Other*: _____

Date & Time of Absence:

From: _____ @ _____ am / pm To: _____ @ _____ am / pm

Total Hours Leave Requested: _____ Return to Work: _____ @ _____ am / pm

Reason for Absence: _____

Benefits Deductions: No Yes, my weekly deduction totals \$ _____, and

Special arrangements have been made with HR (*see supervisor comments below*), or

I will be out for no more than two weeks. My supervisor and I expect my next paycheck to be enough to cover all owed deductions, or

I will come in by _____ and pay \$ _____ to bring my deductions current. I will continue coming in every _____ to make a payment until I return to work.

Employee Signature: _____ Date: _____

Supervisor Section

Approved

Denied

Comments/Coverage: _____

Supervisor Signature: _____ Date: _____

**Attach additional documentation as required.*

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