



### SPECIAL REQUEST FORM

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

Date: \_\_\_\_\_

\_\_\_\_\_ Sick Days/ Hrs.

Sick Dates Requested: \_\_\_\_\_  
Doctor's note must be attached hereto.

\_\_\_\_\_ Other

Dates Requested: \_\_\_\_\_

Please Explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Employee Signature:** \_\_\_\_\_

**Manager's Recommendation:** Approval \_\_\_ Disapproval \_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

Managers Comments: \_\_\_\_\_

\_\_\_\_\_

**Final Decision:** Approval \_\_\_ Disapproval \_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

**Forward to Administrative Assistant (AA):** Received by AA  
Signature \_\_\_\_\_ Date \_\_\_\_\_

**Forward to Director Human Resources:** Received by DHR  
Signature \_\_\_\_\_ Date \_\_\_\_\_

# of hours available as of \_\_\_/\_\_\_/\_\_\_ Vacation: \_\_\_\_\_ Sick: \_\_\_\_\_

Pay Period Date: \_\_\_\_\_ # of Hours Paid: \_\_\_\_\_