



**TPWU**

P.O. BOX 227115  
DALLAS, TX 75222-7115

**REQUEST FOR or NOTIFICATION OF ABSENCE**

**EMPLOYEE'S NAME (LAST, FIRST, MI.)      SOCIAL SECURITY #      DATE SUBMITTED      HOURS REQUESTED**

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**TYPE OF ABSENCE**

ANNUAL     FMLA

SICK     LWOP

**FROM DATE**

**HOUR**

\_\_\_\_\_ / \_\_\_\_\_

**THRU DATE**

\_\_\_\_\_ / \_\_\_\_\_

**REMARKS:**

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\_\_\_\_\_  
**EMPLOYEE'S SIGNATURE**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**APPROVING SIGNATURE**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_ **APPROVED**    \_\_\_\_\_ **DISAPPROVED**