

OCEAN PARTNERS HOSPITALITY, LLLP  
Request for Office Absence

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

Dates of Absence Requested: \_\_\_\_\_

Total PTO Hours Requested: \_\_\_\_\_

Expected Date of Return to Work: \_\_\_\_\_

\_\_\_\_\_  
Employee Signature

**Management Approval:**

This request for paid/unpaid time off is: \_\_\_ Declined \_\_\_ Approved \_\_\_ Unexcused

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

\_\_\_\_\_  
Manager/Supervisor Signature

\_\_\_\_\_  
Date

**\*\*\*COMPLETED FORM MUST BE RETURNED TO PAYROLL\*\*\***