



CONTAINER ◊ PRODUCTS ◊ CORPORATION

◆ Location: 112 North College Road Wilmington, NC 28405 ◆
◆ Mailing: PO Box 3767 Wilmington, NC 28406 ◆
◆ Phone: 910-392-6100 ◆ Toll Free: 1-800-635-5647 ◆ Fax: 910-392-6778 ◆
◆ Web: www.c-p-c.net ◆

Absence Request Information

Employee Name: _____

Employee Number: _____ Department: _____

Manager: _____

Type of Absence Requested:

- Sick Vacation Jury Duty Military
- Personal Day Floating Holiday Bereavement Other _____

Dates of Absence: _____ To: _____
1st Date of Absence Last Date of Absence

Reason for Absence: _____

Employee Signature **Date**

To schedule your time off, an Absence Request Form must be approved by your supervisor. It is very difficult for a small company such as ours to accommodate last minute requests for time off. Vacation slots are filled on a seniority basis. Therefore, we encourage you to schedule your vacation with your supervisor as far in advance as possible.

Manager Approval

- Approved
- Rejected

Comments: _____

Supervisor Signature **Date**