

PACIFIC ASSISTANCE GROUP

ABSENCE REQUEST

Please complete this form for any day(s) you will be unavailable for collections or group. Submit this form to your group facilitator. It may take up to two weeks for approval, so please allow adequate time for review. Approval is conditioned on many considerations, including compliance with contract requirements and lead time given in advance of requested dates. Do not make plans prior to notification your request has been reviewed and approved by your monitor.

Date submitted: _____

Name (PRINT CLEARLY): _____

Leaving: Date: _____ Time: _____ AM / PM

Returning: Date: _____ Time: _____ AM / PM

REASON FOR REQUEST: (Please be specific regarding proposed time-off and destination.)

VACATION CONFERENCE WORK MEDICAL FAMILY

Explain: (Be specific about location, type of event, etc.)

I am requesting to be excused from: (Check only those that apply.)

GROUPS TESTING/COLLECTIONS DAILY CALL-INS

(Note: Absences may require daily call-ins. Collections may be required if a lab is located within 30 miles of your vacation location.)

I will make up this absence by: ALTERNATE GROUP EXTRA 12-Step OTHER N/A

Explain:

Participant's Signature: _____

Approved: Yes No

AREA ADMINISTRATOR/MONITOR: _____