

International Association of Machinists and Aerospace Workers



655 Vaqueros Avenue, Sunnyvale, CA 94086-3574 (408) 739-1434 • FAX (408) 739-1439

EXCUSED ABSENCE REQUEST

NOTE: Excused Absence Request must be received, and date stamped at the Area Office no later than thirty (30) days following the scheduled meeting.

| I wish to be excused from the Local Lodgemeeting or In-Plant Union Representative meeting on/ | | |
|---|--|--------------------------------------|
| Name: | | Emp ID: |
| | Please Print | |
| Reason fo | or absence request: | |
| | I am unable to attend because of a verifie | d illness |
| _ = = _ = | I will be on vacation | |
| - A | I will be on official IAM business approve | ed by Local, District or Grand Lodge |
| | I will be on employer travel assignment | |
| | I will be on military leave | |
| | Other | |
| | | |
| Signature | • | Date |