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## ABSENCE REQUEST

Please complete this form for any day/s you will be unavailable for collections or group. Submit 2 copies of this form to your Group Facilitator/Area Administrator for approval signature, then fax signed copy to Case Manager. Please submit form AT LEAST two weeks in advance to allow adequate time for review and faxing. Approval based on compliance with PAG Contract.

**Date submitted:** \_\_\_\_\_

**Name (PRINT CLEARLY):** \_\_\_\_\_

**DEPART** Date: \_\_\_\_\_ Time: \_\_\_\_\_ AM / PM

**RETURN:** Date: \_\_\_\_\_ Time: \_\_\_\_\_ AM / PM

**REASON FOR REQUEST:** (Please be specific regarding type of event and destination.)

**VACATION**     **CONFERENCE**     **WORK**     **MEDICAL**     **FAMILY**

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

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

**GROUPS**     **TESTING/COLLECTIONS**     **DAILY CALL-IN'S**

**Absences usually require daily call-ins. Collections may be required if a lab is within 30 miles of your location. YOU are responsible to check out lab locations and hours open prior to your absence. I will make up this absence by:**

**ALTERNATE GROUP**     **EXTRA 12-STEP**     **OTHER**     **N/A**

**Participant's Signature:** \_\_\_\_\_

**Approved:** Yes  No     **Date:** \_\_\_\_\_

**Group Facilitator/Area Administrator Signature:** \_\_\_\_\_

**Date submitted to Case Manager Sue Merlino:** \_\_\_\_\_

**Sue Merlino Tel: 978-697-1897    Email: suemerlino.pag@gmail.com**