



| | | | |
|---|--------------------------|-------------------------|--|
| FIRST NAME | | LAST NAME | |
| | | | |
| First Day Of Leave | Last Day Of Leave | Total Leave Days | |
| | | | |
| Type of leave: <input type="checkbox"/> Sick leave <input type="checkbox"/> Official leave <input type="checkbox"/> Unpaid leave | | | |

Employee's Comments:

Employee's signature

Operations signature

Date

Date

Manager approved: _____
(Initial)

| |
|-------------------------|
| OFFICE USE ONLY: |
| _____ |
| _____ |
| _____ |