



FIRST NAME		LAST NAME	
First Day Of Leave	Last Day Of Leave	Total Leave Days	
Type of leave: <input type="checkbox"/> Annual Leave			

Annual leave may be taken during October, March & May ONLY

Employee's Comments:

Employee's signature

Operations signature

Date

Date

Manager approved: _____
(Initial)

<p>OFFICE USE ONLY:</p> <hr/> <hr/> <hr/>
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