



### LEAVE APPLICATION

NAME K A T L E G O M A S H I S H

DATE 2 2 / 0 4 / 2 0 2 4

FIRST DAY 0 2 / 0 5 / 2 0 2 4

LAST DAY 0 3 / 0 5 / 2 0 2 4

RETURN DAY 0 6 / 0 5 / 2 0 2 4

TOTAL NUMBER OF WORKING DAYS: 2

#### FOR OFFICE USE

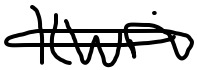
LEAVE DAYS APPLIED FOR	AVAILABLE / DUE			BALANCE			APPROVED		DECLINED
							PAID	UNPAID	
ANNUAL	X	X							
SICK									
FAMILY RESP.									
MATERNITY									
UNPAID									
OTHER									

PHYSICAL ADDRESS WHILST ON LEAVE	37 Madeliefie Street Riamarpark Bronhkorstspuit <b>Required</b>
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TELEPHONE NUMBER WHILST ON LEAVE	<b>Required</b> 081 454 7418
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REASON	Mother flying back to Jamaica and my sons first birthday. (I have never taken leave so I dont want them expiring) <b>Required</b>
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SIGNATURES:

  
APPLICANT

MANAGER

SCRUM MASTER

DIRECTOR