

UF #:			
EMPLOYEE NAME:			
TIME:		NO OF HOURS:	
REASONS:			
Employee's Signature			
RECOMMENDING APPROVAL		FINAL APPROVAL	
HR Specialist (Signature over Printed Name)		<input type="radio"/> Approved <input type="radio"/> Disapproved	
Immediate Superior (Signature over Printed Name)		KATHLEEN REYES, MHM, DBA Chief Operating Officer Date Signed:	

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