

LEAVE FORM

INSTRUCTION: This form must be submitted 5 days prior for a 1-day leave and 7 days prior for a leave of 2 or more days. In cases of emergencies or illness, the form must be completed immediately upon

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EMPLOYEE I	NAME							DATE FILED					
POSITION								INCLUSIVE DATES	From:		То:		
DEPARTMEN	NT							NO OF DAYS					
REASON								'					
	1												
PREPARED BY			RECON	MENDED BY	Y		CLEARED BY			APPROVE	D BY		
Employ (Signatur	yee's Sign re over Printed I	ature Name)		Immedia (Signature o	ate Superio	or e)	H (Sig	IR Department gnature over Printed Name)	Department ure over Printed Name)		HR Director		
DATE SIGNED:			DATE S	SIGNED:			DATE SIGNED):		DATE SIG	NED:		
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Earned to date:	SL	VL	EL	OS	BL	ML	PL	Wi	TH PAY		WITH	OUT PAY	
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This Leave													
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