

REQUEST FOR LEAVE OF ABSENCE

1. Name (Last, First, Middle) ZAPATA, MARK JOSEPH M.	2. Employee Number 1088
3. Position Electronic Medical Record Auditor	4. Department EMR Department

Type of Leave/Absence

Check appropriate box(es) and enter date below	From	Thru
Sick Leave <input type="checkbox"/>		
Vacation Leave <input checked="" type="checkbox"/>	04/25/13	04/26/13
Others <input type="checkbox"/>		

Reason

Annual reunion with my relatives in the province

Replacement: (Employee who will take over your job)

Name of Employee: Bill Allen Cacanindin

Department/Position: EMR Auditor

Adobe Signature:

Remarks:

Certification: I certify that the leave of absence requested is for the purpose(s) indicated. I understand that I must comply with my employer's procedures for requesting leave of absence (and provide additional, including medical certificate, if required) and that any wrong information on this form may be grounds for disciplinary action including termination.

Employee's Adobe Signature:

Supervisors Adobe Signature:

Official Action on request:

Approved

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Disapproved

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Reason for Disapproval:

Employer's Adobe Signature: