

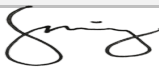
EMPLOYEE LEAVE REQUEST FORM

EMPLOYEE NAME	EMPLOYEE ID NUMBER	TODAY'S DATE
JESSA A. APOIN	A019	10/04/2024
EMPLOYEE EMAIL	WORK PHONE	PERSONAL PHONE
japoin@aehr.com	(045) 499-4671	0905-128-4467
DEPARTMENT NAME	SUPERVISOR NAME	
Customer Service		

LEAVE DETAILS

START DATE	END DATE	NUMBER OF HOURS REQUESTED	LEAVE CODE refer to key below or contact HR
04/10/2024	04/10/2024	4hrs (1-5pm)	SL

EMPLOYEE NAME	EMPLOYEE SIGNATURE	DATE
Jessa Apoin		4/10/2024

MANAGER	SIGNATURE	DATE
HR MANAGER	SIGNATURE	DATE
Darren Munoz		4/10/2024

LEAVE CODES enter description for codes not listed

DESCRIPTION	CODE	DESCRIPTION	CODE
Vacation	VL	Emergency	EM
Sick	SL	Solo Parent	SP
Bereavement	BV	Maternity	MAT
Leave Without Pay	LWOP	Paternity	PAT

AMOUNT OF LEAVE APPROVED	LEAVE BALANCE REMAINING	UPDATED BY

HR DEPARTMENT USE ONLY

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