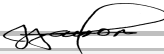



# EMPLOYEE LEAVE REQUEST FORM

EMPLOYEE NAME	EMPLOYEE ID NUMBER	TODAY'S DATE
Ivan Salunga Lacson	A025	04/11/2024
EMPLOYEE EMAIL	WORK PHONE	PERSONAL PHONE
<a href="mailto:ilacson@aehr.com">ilacson@aehr.com</a>	N/A	+63 955 322 9165
DEPARTMENT NAME	SUPERVISOR NAME	
WP Design Department	Mr. Jonathan Ibera	

## LEAVE DETAILS

START DATE	END DATE	NUMBER OF HOURS REQUESTED	LEAVE CODE refer to key below or contact HR
04/11/2024	04/11/2024	8.00	SL

EMPLOYEE NAME	EMPLOYEE SIGNATURE	DATE
Ivan Lacson		04/11/2024
MANAGER	SIGNATURE	DATE
Jonathan Ibera		
HR MANAGER	SIGNATURE	DATE
Darren Munoz		4/11/2024

## 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

HR DEPARTMENT USE ONLY	AMOUNT OF LEAVE APPROVED	LEAVE BALANCE REMAINING	UPDATED BY