

LEAVE / OFFSET / UNDERTIME / OT REQUEST FORM 2023

Em	nployee:		Employee Number:						
Request for: (Please tick appropriate box.)			Department:						
	Vacation Leave	Emergency Leav	/e	Maternity/Paternity Leave					
	Sick Leave	Solo Parent Lea	ve	Overtime					
	Offset	Undertime		Others,					
Da	te(s) Request:				Rendered:				
Fu	Further Reasons:								
Pre	epared By:	Supervisor/ N	_		Approved				
			/ DIANA JEAN	V. MESA					
	Signature Over Printed Name	Sign	ature Over Printed Name		Rejected				
Re									
Leave Balances									
LE	AVE AVAILABLE		[] With Pay						
APPLIED			[] Without Pay						
ВА	LANCE								
QF-SP001-J Rev 0 Effective October 1, 2019									

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Employee:		Employee Number:								
Request for: (Please tick appropriate box.)		Department:								
Vacation Leave	Emergency Leave	Emergency Leave		Maternity/Paternity Leave						
Sick Leave	Solo Parent Leav	Parent Leave Overtii		ne						
Offset	Undertime	Jndertime Others,								
Date(s) Request:				ne Rendered:						
Further Reasons:										
Prepared By:	Supervisor/ M	anager: / DIANA JEA	Approved							
Signature Over Printed Name	Signa	ture Over Printed Nan	Rejected							
Remarks/Comments:										
Leave Balances										
LEAVE AVAILABLE		[] With Pay								
APPLIED		[] Without Pay								
BALANCE										
QF-SP001-J Rev 0 Effective October 1, 2019										