MEGAMEATS CORPORATION		
	Notice of Absence	
Name: Position:	Date Filed:	
Vacation Leave	Leave w/o Pay Sick Leave	
No. of days	FrTo	
Employee Signature	Approved by Immediate Superior Noted by:	
For Admin Verification: No. of VL: No. of VL Used: No. of VL After This: Verified by:	No. of SL: No. of SL Used: No. of SL After This: Approved by:	
MEGA	MEATS CORPORATION	
	Notice of Absence	
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No. of SL:

No. of SL Used: _____

No. of SL After This: _____

Approved by: _____

For Admin Verification:

No. of VL Used:

No. of VL After This: _____

Verified by: _____

No. of VL: