

# OFF-DUTY REQUEST FORM

## PART 1: EMPLOYEE INFORMATION

Name of Employee: Peter Atito

Department: Frontend

Date of Request: 16/09/2024

Reason of Request: Sick Leave

No. of Working Days Requested: 3

Days Unavailable:

From: 16/09/2024

To: 19/09/2024

Work Continuity Plan			
Product	Task Description	Responsible	Timeline
Charge	<ul style="list-style-type: none"><li>Adding PickUp Person details on all charges both Public and Staff.</li></ul>	Jeffrey Mwai	Sep 19, 2024

## PART 2: TEAM LEAD APPROVAL

I hereby approve the off-duty request submitted by the above named employee. During the specified dates.

Team Lead's Name: Jeffrey Mwai