

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">Adding PickUp Person details on all charges both Public and Staff.	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