

LEAVE OF ABSENCE [LOA] REQUEST FORM

LOA Information

LOA Id: LOA1130 Employee Code: SKM1181000

Employee Name: suman kondla Job Title:

Reporting Manager: Sai Pallu

Type of Leave: Bereavement leave(Immediate Family)

Leave dates From: 02/27/2018 To: 02/27/2018 Time AM

Reason For Leave: dvxcd

You must submit requests for absences, other than sick leave, two days prior to the first day you will be absent.

Employee Signature

Date

Internal use only - Authorized Approval

Status: Rejected

Comments:

Manager Name & Signature

Title & Date

Please Note: Email to hr@epathusa.net and cc payroll@epathusa.net or FAX :630-884-3700

1075 Jordan creek Pkwy, Suite 295, West Des Moines, IA 50266
Phone: 515-974-6678 | Fax 630-884-3700