

Leave Request Form

Employee information

Name: Gokul M

Employee ID: Z62440

Leave request: 2 ☒ Days ☐ Hours

Dates of absence. From 14-Oct-2024 To 15-Oct-2024

Type of leave

☐ Vacation

☐ Personal Leave

☐ Leave without pay

☐ Sick - Medical Leave

☒ Family Reasons

☐ Other _____

Reason for the Leave request

Leave Request for Visiting temple

I understand that this request is subject to approval by my employer.

Employee signature GOKUL M

Date 09-Oct-2024

Manager approval

☐ Approved ☐ Rejected

Name of your Manager SINDHUJA R

Date 09-Oct-2024