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**PARADISE FARM COTTAGES STAFF LEAVE FORM**

EMPLOYEES INFORMATION:

NAME…………………………………………………………………………………………………………………..

DEPARTMENT………………………………………………………………………………………………………

DAYS……………………………………. FROM……………………………TO…………………………………..

PENDING DAYS REMAINING…………………………………………….

REASON……………………………………………………………………………………………………………….

SIGNATURE…………………………………

APPROVAL:

SUPERVISOR………………………………………………………………………………………..

DATE OF APPROVAL………………………………………………..

DAYS APPROVED…………………………………………………….

SIGNATURE…………………………………………………………….

OPERATIONS MANAGER…………………………………………………………………….

DATE OF APPROVAL…………………………………

DAYS APPROVED………………………………………

SIGNATURE………………………………………………