



# NORTH CARIBBEAN CONFERENCE OF SEVENTH-DAY ADVENTISTS

## LEAVE FORM

**EMPLOYEE'S NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**DEPARTMENT/ INSTITUTION:** \_\_\_\_\_

**ISLAND :** \_\_\_\_\_

Type of Leave <i>Please check which applies</i>		Date on which Leave Begins		Date on which Leave Ends	Total Days of Leave
<input type="checkbox"/>	Personal/ Casual	A.M.			
		P.M.			
<input type="checkbox"/>	Bereavement				
<input type="checkbox"/>	Sick				
<input type="checkbox"/>	Administrative				

**Remarks:** \_\_\_\_\_

**Employee's Signature:** \_\_\_\_\_

**Supervisor's Signature:** \_\_\_\_\_ **Date Received:** \_\_\_\_\_

**Approving Officer's Signature:** \_\_\_\_\_ **Date Received:** \_\_\_\_\_