



LEAVE REQUEST FORM

EMPLOYEE INFORMATION

Employee's Name: _____ Date: _____

Department/Institution: _____

Island: _____

LEAVE TYPE

Personal/Casual Bereavement Sick Administrative

LEAVE DURATION

Leave Start Date: _____ Leave End Date: _____

Total Days of Leave: _____

REMARKS

SIGNATURES

Employee's Signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____

Approving Officer's Signature: _____ Date: _____