

LEAVE OF ABSENCE APPLICATION FORM

Name :	Date Filed	:_		_	
Position :	Department /		:		
	From	:	To :		
Leave Applied : Vacation Leave Sick Le	eave No. of Days				
Emergency Leave Matern	nity/Paternity Leave				
Bereavement Leave					
Deleavement Leave					
	Approval				
Reason :		by:			
Reason : Signature of Member Note: Please sign over printed name	Approval	by :	Supervisor/Manager	Date	
Reason: Signature of Member Note: Please sign over printed name	Approval Authorized	by :	Supervisor/Manager	Date	
Signature of Member Note: Please sign over printed name LEAVE RECORD (To be filled-up by HRD) SIL Available :	Approval Authorized	by:	Supervisor/Manager	Date	
Reason :	Approval Authorized Unauthorized		Supervisor/Manager HR Assistant	Date Date	



LEAVE OF ABSENCE APPLICATION FORM

GLOBAL TRUSTEES' MULTI-PURPOSE COOPERATIVE

3233.12 11037.12 11037.17 010 032 033 21011112				
Name :	Date Filed	:		
Position :		:		
Leave Applied :			o :	
☐ Vacation Leave ☐ Sick Leave	e No. of Days	:		
☐ Emergency Leave ☐ Maternity,	/Paternity Leave			
Bereavement Leave				
Reason :				
	Approval			
Signature of Member	☐ Authorized by	:		
Note: Please sign over printed name	Unauthorized	Supervisor/Manager	Date	
LEAVE RECORD (To be filled-up by HRD)				
SIL Available :	☐ With Pay by	:		
Total days applied :				
Balance to date :	☐ Without Pay	HR Assistant	Date	