Leave Plan

Month / year: _____ Leave Plan # _____

Department: _____ Location: _____

Supervisor / Record Holder: _____

#	Leave Date Planned	Name of Employee	Designation	Reason for Leave	Nos. of Days	Approved Days	Approved by	Approval App. #	Substitute person Name	Remarks

Supervisor Sign. _____ Date_____ Dept. Manager Sign: _____ Date_____