



FCTG'VQ'FQ'OQTG

ADVANCE APPROVAL OF LEAVE

EMPLOYEE: _____

TITLE: _____ **DEPARTMENT:** _____

TYPE OF LEAVE AND DATE REQUESTED:

ANNUAL LEAVE: _____

SICK LEAVE: _____

UNSCHEDULED: _____

EMPLOYEE SIGNATURE: _____ **DATE:** _____

APPROVED: _____ **DISAPPROVED:** _____

SUPERVISOR SIGNATURE: _____ **DATE:** _____