



## Guardian Angel Home Care

### APPLICATION FOR LEAVE / HOLIDAYS

Name: \_\_\_\_\_

Date:     /     /

State: \_\_\_\_\_

Position: \_\_\_\_\_

### BLOCK LETTERS PLEASE

TYPE OF LEAVE	NO. OF DAYS	COMMENTS
ANNUAL		
L.S.L		
SICK (Dr.'s Certificate Req.)		
BEREAVEMENT		
R.D.O.		
OTHER		
WITHOUT PAY		
<b>TOTAL DAYS</b>		

\* Do not include Public Holidays

Last Working Day:     /     /

First day of Leave:     /     /

Last Day of Leave:     /     /

First Working Day:     /     /

Signature of Employee: \_\_\_\_\_ Date:     /     /

Signature of Supervisor: \_\_\_\_\_ Date:     /     /