

NORTHEASTERN CONFERENCE OF SEVENTH-DAY ADVENTISTS

LEAVE REPORT

Name _____ Date _____

Department _____

Type of Leave <i>Please check which applies:</i>	First Day that Leave Begins	Last Day on which Leave Ends	Total Days of Leave
<input type="checkbox"/> Personal (<i>Support Staff Only</i>)			
<input type="checkbox"/> Birthday (<i>Support Staff Only</i>)			
<input type="checkbox"/> Bereavement			
<input type="checkbox"/> Uncharged Paid Time Off			
<input type="checkbox"/> Administrative			

Remarks: _____

Staff Member's Signature: _____

Supervisor's Signature: _____

Approving Officer's Signature: _____

Date Received: _____