

ELEIT Technology, Incorporated

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LEAVE REQUEST FORM

Select Reason for leave if other than PTO:	Military Duty
LAST NAME: _____	Jury Duty
FIRST NAME: _____	Bereavement
	Leave without Pay
Date Submitted: _____	
Requested Start Date: _____ End Date: _____ Number of Hours _____	
EMPLOYEE SIGNATURE: _____	
SUPERVISOR SIGNATURE: _____	
Approved:	
Disapproved:	