


LEAVE FORM



Date : <u>17-10-22</u>	Dept. : <u>TSI</u>
Name : <u>Anton Baido S</u>	Date of Join : <u>03-01-13</u>
Badge : <u>RP13073</u>	
Amount of Leave : <u>2</u> day(s)	
Date of Leave : <u>17-10-22</u> until <u>18-10-22</u>	
Purpose : <input checked="" type="checkbox"/> Annual Leave <input type="checkbox"/> Sick Leave <input type="checkbox"/> Marriage Leave	
<input type="checkbox"/> Maternity Leave <input type="checkbox"/> Others, please specify _____	
Address during Leave : <u>Duri Riau</u>	Contact number : <u>8122003192</u>
Employee's signature : <u></u>	<u>Leave Update</u>
Supervisor : _____	Leave Balance : _____ Day (s)
Dept. Head : _____	Annual Leave : _____ Day (s)
HRD/Admin : _____	Balance : <u> </u> Day (s)
	(filled by HRD/Admin)

