



SEAWOLF

BUILDING CO.

Leave Request Form

Please submit this form for approval in advance of your preferred leave dates.

Date: _____ Employee Name: _____

Reason for Request:

Holiday Personal Leave Medical Leave

Leave Dates Requested:

From ___/___/___ to ___/___/___ and returning to work on ___/___/___

Total number of days requested: _____

Total number of annual leave hours requested to be paid: _____

I understand that this request is subject to approval by my employer.

Employee Signature: _____ Date: _____

Employer use only

Approved Rejected

Employee Signature: _____ Date: _____

