IS/M Industrial Sales / Marketing, Inc.

Fill in the Employee section completely

	Employee section
Employee name:	
Department & position:	
Leave start date:	
Leave end date:	
Total number of requested days off:	**0**
Type of leave:	
Reason/s for time off:	
☐	**I understand that this request is subject to approval.**
Other comments:	
Employee signature:	
Date signed:	
	Supervisor section
☐	**Leave approved**
☐	**Leave denied**
Management comments:	
Management signature:	
Date signed:	