



"Hiring the right people...Managing quality events!"

LEAVE / EXTRA / CHANGE OFF / TIME FORM

DATE: _____

NAME OF STAFF: _____ POSITION: _____

PROPOSED DATES >> FROM: _____ TO: _____

REASONS:

- | | |
|--|---|
| <input type="checkbox"/> Half-day/ Undertime | <input type="checkbox"/> Extra Day-Off |
| <input type="checkbox"/> Vacation Leave | <input type="checkbox"/> Change Day-Off |
| <input type="checkbox"/> Emergency Leave | <input type="checkbox"/> Change Time |
| <input type="checkbox"/> Sick Leave | <input type="checkbox"/> Offset |

TO WHOM: _____

Employees Name/Signature

Verified By:

Approved By:

Supervisor/Manager

Contractor's Representative

UNLISOLUTIONS MANPOWER SERVICES & EVENTS MANAGEMENT INC.

789 Estrera Bldg. J. P. Rizal St. Brgy. Poblacion, Makati City, Philippines 1210

Telefax: (632)553-0526; Tel. No. (632)622-8034; Cell. No. 09175892410; E-Mail Add: unlisolutions@gmail.com



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