

Leave Request Form

Name: _____ Phone Number: _____

Date: _____ Address: _____

Company of Assignment _____

Reason for requesting the leave: (Please tick appropriate box)

- Sick leave
- Bereavement leave
- Other: _____

Dates requested: From ____ / ____ / ____ To ____ / ____ / ____

X _____
Employee Signature

Employer's Approval:

- Accepted
- Rejected

X _____
Employer

Note: If an employee is absent for 3 or more consecutive days, Fast Force may require a medical certificate before your sick leave will be approved. Employee is to return this form to consultant via email.