

SESC
REQUEST FOR PERSONAL LEAVE

This is to certify that on _____, 20_____

I was absent from my duties due to _____

Total Day(s) _____

Type of Request: _____ Ex (w/ Doctor's Excuse)

_____ NE (no Excuse)

_____ D (Death in Family)

_____ A (Absent w/o Pay)

_____ FI (Family Illness)

_____ WOC (without cause)

Employee ID Number

Signature

Approved by: _____
Executive Director

Recorded by _____ Date _____