

## **STAFF REPLACEMENT LEAVE FORM**

Name of Employee Position Department Work Location Date of Replacement Reason of Work  Apply By:  Received By: (Human Resource)  Remarks:  Remarks:  (Signature) Name: Designation: Date:  Designation: Date:  FOR OFFICE USED ONLY  Balance Annual Leave  Before Applied: Approved by: (Managing Director)	End		Position Department Work Location Date of Replacement S
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