

ALL NATION SECURITY & INVESTIGATION SERVICES, INC.

APPLICATION FOR LEAVE

To be accomplished in one copy only.

Date of Filing \_\_\_\_\_

NAME (Last) (First) (MI)		ID No.	DEPT/POST
LEAVE APPLIED FOR [ ] Scheduled [ ] Unscheduled [ ] With notice to _____ <i>person notified</i> [ ] Without notice		PERIOD COVERED (Dates)  From _____  To _____  No. of Days _____	SPECIFIC REASONS  _____  _____  Address while on leave:  _____
Employee's Signature	GIC's Signature _____ Replacement Needed: [ ] Yes [ ] No Remarks: _____		Client's Signature
Recommended for Approval/Disapproval (ASIS Coordinator Concerned)		Approved/Disapproved by (ASIS Approving Authority)	Noted by (ASIS Personnel Dept.)
Reason for disapproval			
INSTRUCTIONS: 1. Scheduled leave must be applied for at least 3 days before the date of its availment. 2. Verify application for scheduled leave whether approved or disapproved before availment. 3. Unscheduled leave must be applied for immediately within the first day upon return to work. 4. Name of person notified for unscheduled leave must be indicated in this form.			

(ASIS Form #5)

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