Application for Vacation Leave

From Deputy Governor (To be prepared in triplicate)

1. To: Gove	<u>rnor</u>							副
I apply to take	days	from	/	_/20	_ to	/	_/20_	both days
included as part of	my vacation lea	ave of which	l have	already	taken			days during
the current year.								
Employee Information								
Last Name								
First Name								
Middle Initial(s)		Er	nployee	ID Num	nber			
Job Title								
Department								
Employee Signatur	re:				Date: _	/	<u> </u>	/20
Leave is in		nistration/(Govern	Da	der, but l	/		_/20 nended.
Deputy Di	irector, Employ	ment		_	[/ Date		_/20
		For HRI Sy	stem Us	se Only				
Received					/		20	
Entered in System	Sign Sign				Da /_ Da	/	20	