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|  |  | | Leave Request/Report Form | | | |
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| EMPLOYEE **JEFF BROWN** | | | | | REQUEST | |
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| TYPE OF LEAVE | | BEGIN DATE & TIME | | END DATE & TIME | | TOTAL HOURS |  |
| **Annual** | |  | |  | |  |
| **Floating Holiday** | |  | |  | |  |
| **Leave without pay** | |  | |  | |  |  | |

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| **COMMENTS** | | | | | | | | |
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| TYPE OF LEAVE | BEGIN DATE & TIME | | END DATE & TIME | | | | TOTAL HOURS | | |  |
| **Annual** |  | |  | | | |  | | |
| **Medical** |  | |  | | | |  | | |
| **Floating Holiday** |  | |  | | | |  | | |  | |
| **Leave without pay** |  | |  | | | |  | | |  | |

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