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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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|  EMPLOYEE  |  REPORT |
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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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| **COMMENTS** |
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