**ABSENCE FORM**

Please submit this completed form to your supervisor when you plan to be out of the office.

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| --- | --- | --- | --- |
| **NAME:** |  | **AUTHORISATION:** |  |
|  |  |  |  |
| **REASON (Circle)** | **DATE OUT** | **DATE IN** |
|  |  |  |
| * ANNUAL LEAVE
 |  |  |
|  |  |  |
| * SICK LEAVE
 |  |  |
|  |  |  |
| * FAMILY RESPONSIBILITY LEAVE
 |  |  |
|  |  |  |
| * OTHER
 |  |  |
|  |  |  |
| CC:  | Receptionist  |  |  |
|  | **Personnel** |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **NAME:** |  | **AUTHORISATION:** |  |
|  |  |  |  |
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 |  |  |
|  |  |  |
| * OTHER
 |  |  |
|  |  |  |
| CC:  | Receptionist  |  |  |
|  | **Personnel** |  |  |