



the trg group

LEAVE REQUEST RECORD

Date submitted: _____

Name (block capitals): _____

Location/Site: _____

I request leave as follows:

From: _____ (first day of leave)

To: _____ (last day of leave)

Total number of days: _____

Duty time: _____

First day back in office: _____

Signature: _____

Site Manager/Supervisor Action

Approved Signature: _____

Not Approved Signature: _____

Reason: _____

Date: _____

Relief Requested: Yes/No