

COMPANY NAME _____

DECISION MAKING LEAVE

EMPLOYEE NAME _____ CURRENT DATE _____
IMMEDIATE SUPERVISOR _____
DATE OF COUNSELING SESSION _____ TIME _____

REASON FOR LEAVE _____

DATE OF LEAVE _____

EMPLOYEE'S SIGNATURE _____ SUPERVISOR'S SIGNATURE _____

AUTHORIZED SIGNATURE _____

FOR OFFICE USE ONLY
LEAVE RESULTS

CURRENT DATE _____
COMPLETED DATE _____
EMPLOYEE'S DECISION _____
SUPERVISOR'S COMMENT _____

EMPLOYEE'S SIGNATURE _____ SUPERVISOR'S SIGNATURE _____
ORIGINAL: Personnel File
COPIES: Employee & Signator AUTHORIZED SIGNATURE _____

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