

EAGLEMATRIX SECURITY AGENCY, INC.

REQUEST FOR LEAVE

Name: _____ Date: _____

Detachment: _____

Period Covered: From: _____ To: _____ Total _____

Nature: () Vacation () Sick Leave () With Pay () Without Pay

Remarks: _____

Requested by:

Recommended Approval:

(Employee)

(Supervisor)

Approved / Disapproved:

Administrative Officer

VP/GM

Note: All SO/ Sg's are directed to report H.Q. upon completion of VL/SL suspension etc. before resumption of duty.