

Leave Requests

002741

Name	End Date
Shiela Corston	2023-02-22
Туре	Hours
Bereavement	28.00
Start Date	Format
2023-02-16	Deducted

Immediate Family (5 Days)

Extended Family (3 Days)

Parents/Step Parents (In Laws)

Notes

Days requesting 16, 17, 21, 22

Status

Approved

Authorized Signature

Ann Hiller