

Leave Requests

002870

Name	End Date
Cecilia Fiddler	2023-03-10
Туре	Hours
Bereavement	7.00
Start Date	Format
2023-03-10	Deducted

Immediate Family (5 Days)

Extended Family (3 Days)

Parents/Step Parents (In Laws)

Notes

Mother

Status

Approved

Authorized Signature

Ann Hiller