

Leave Requests

()	h	h	~~	()
U	U	U		U

Name	End Date
Zelda Watt	2024-04-26
Туре	Hours
Sick	3.00
Start Date	Format
2024-04-26	Deducted

Notes

Walk-in Clinic and Shopper's for prescription.

Status

Approved

Authorized Signature

Carol Buswa