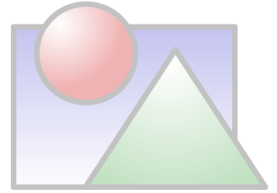


Personal Leave



Any Company Inc.
123 Any Ave
Any Town, State
Any Country
Any ZIP/Postal Code
Phone: 111-222-3333
Fax: 111-222-4444
www.example.com

Employee Name:	
Employee ID:	
Manager Name:	
Department:	

Leave Type	Start Date	End Date	Days	Hours with Pay	Hours without Pay
		Total			

Comments:

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Signature:

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Authorized By:

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