



# LATE LEAVE FORM

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PLEASE FILL IN THE DETAILS NEATLY AND ACCURATELY, MANY THANKS

NAME: \_\_\_\_\_

TODAY'S DATE: \_\_\_\_\_

TIME IN: \_\_\_\_\_

15 Minutes: ☐ 30 Minutes: ☐ 45 Minutes: ☐ 1 Hour: ☐ More: ☐

TOTAL TIME: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Applicant)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Manager)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Publisher)