**Employee Work Release Form**

| **Employee Details** | **Information** |
| --- | --- |
| **Full Name** |  |
| **Employee ID** |  |
| **Department** |  |
| **Position** |  |
| **Supervisor’s Name** |  |

### **Work Leave Details**

| **Reason** | **Approval Status** |
| --- | --- |
| **Medical Leave** | **☐ Approved ☐ Denied** |
| **Family Emergency** | **☐ Approved ☐ Denied** |
| **Personal Leave** | **☐ Approved ☐ Denied** |
| **Other** |  |

### **Signatures**

**Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
HR Representative Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**