

Employee Work Release Form

Employee Details	Information
Full Name	
Employee ID	
Department	
Position	
Supervisor's Name	

Work Leave Details

Reason	Approval Status
Medical Leave	<input type="checkbox"/> Approved <input type="checkbox"/> Denied
Family Emergency	<input type="checkbox"/> Approved <input type="checkbox"/> Denied
Personal Leave	<input type="checkbox"/> Approved <input type="checkbox"/> Denied
Other	

Signatures

Employee Signature: _____

Date: _____

HR Representative Signature: _____

Date: _____