



KZ Kitchen Cabinet & Stone, Inc.

1562 Montague Expy, San Jose CA 95131

Tel: (669) 288-6889 Fax: (408) 883-6955

Application for Leave

This form is used to request, approve and record leave requests for employees.

Employee First Name: _____ Last Name: _____

Home Phone #: _____ Cell Phone#: _____

Department: 1548 1568 1560 1558 1556 1557 1562

Milpitas Inventory Hayward Koozzo

LEAVE DESIGNATION (Check all boxes that apply)

UNPAID LEAVE:

MEDICAL PERSONAL (No more than 28 Calendar days)

Beginning and Ending Date: _____ # Hours: _____

Last Date Worked: _____ Return Date: _____

PAID LEAVE:

MEDICAL VACATION BEREAVEMENT

Beginning and Ending Date: _____ # Hours: _____

Last Date Worked: _____ Return Date: _____

Employee Signature: _____ Date: _____

Manager / Supervisor Signature: _____ Date: _____

Department Director / Manager Signature: _____ Date: _____

HR Manager Signature: _____ Date: _____