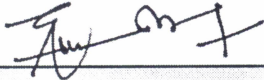





Absence Information	
Employee Name :	ARUN GAMIDI
Savantis Supervisor Name :	PRAVEEN THUMMA
Type of Leave Requested	
<input type="checkbox"/> Vacation	<input type="checkbox"/> Bereavement <input type="checkbox"/> Timeoff Without Pay <input type="checkbox"/>
<input type="checkbox"/> Military	<input type="checkbox"/> Jury Duty <input type="checkbox"/> Maternity/Paternity <input checked="" type="checkbox"/> Other
From: 04/29/2019	To: 04/29/2019
Reason for Absence :	SICK
Emergency contact details during vacation Period :	
Name :	Email ID :
Mobile :	Land line :
You must submit your requests for absences, other than sick or bereavement leave two weeks prior to the first day of your absence	
Employee Signature 	Date 04/29/2019
Approval	
<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Rejected
Comments :	
Supervisor Signature 	Date 4/29/19

