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| **Compassionate Leave Form****Name:**  |
| **Faculty/Service:**  |
| **Date(s) leave taken:** | **From:**  | **To:**  |
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| **Reason for Leave:**  |
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| **Employee Signature:** |
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| **PAID LEAVE** | **UNPAID LEAVE** |
| Number of days |  | Number of days |  |
| **Leave Approved by Dean of Faculty/ Head of Service****Name:** |
| **Signature:** |
| **Date:** |
|  |
| **Received by HR on: \_\_\_/\_\_\_/\_\_\_** | **Payroll informed on: \_\_\_/\_\_\_/\_\_\_** |