

NC DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES MEAT AND POULTRY INSPECTION SERVICE ABSENCE REQUEST	REQUEST DATE:
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NAME:

I request permission to be absent from duties during the times and dates listed below:

FROM:	TIME: AM <input type="checkbox"/> PM <input type="checkbox"/>	DATE:
THRU:	TIME: AM <input type="checkbox"/> PM <input type="checkbox"/>	DATE:
ANNUAL LEAVE <input type="checkbox"/>	SICK LEAVE <input type="checkbox"/>	COMPENSATORY LEAVE <input type="checkbox"/>

REMARKS:

NUMBER OF DAYS:	NUMBER OF HOURS:
	APPROVED:

MPID Form 2b

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