



Internal absence information*

Name, first name: _____

Division: _____

Temporary replacement (if applicable): _____

Total entitlement for purpose of recreation: _____ days

Already taken: _____ days

Remaining leave: _____ days

Leave from: _____ until: _____ days

Remaining leave (new): _____ days

Date

Signature Stipend holder

Taken note of:

Date

Group Leader

Date

Head of Division

(Please forward to the HR department immediately.)

*Only use for stipend holders