

Suspension Approval Sheet

Employee Name:	<input type="text"/>
Employee ID:	<input type="text"/>
Department:	<input type="text"/>
Supervisor:	<input type="text"/>

Suspension Details	
Start Date:	<input type="text"/>
End Date:	<input type="text"/>
Reason for Suspension:	<input type="text"/>

Requested By	Approved By
Signature: <input type="text"/>	Signature: <input type="text"/>
Date: <input type="text"/>	Date: <input type="text"/>
Name: <input type="text"/>	Name: <input type="text"/>