



(308) 382-TOBA (8622) – info@tobafoods.com

Form: Leave Request

Please check one: Vacation Sick Personal Day

Date: _____

Employee Name

Date(s) Requested

Supervisor's Signature

Date

Verified

Date

(payroll copy)
cc: HR

.....
Date: _____

Employee Name

Date(s) Requested

Supervisor's Signature

Date

Verified

Date

(employee copy)
cc: HR



2-15-18





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Form: Occupational Injury or Illness Report



2-15-18

