**Memorandum**

**To:** , President

**From:**

**CC:** , HR Consultant

**Date:** October 7, 2025

**Subject:** Prepaid Leave Application

Please accept this notice as my formal application to participate in the Prepaid Leave Plan, as outlined in the attached Prepaid Leave Plan: Application Form.

By signing below, I confirm that my leader/manager has reviewed and supports this application.

|  |  |  |  |
| --- | --- | --- | --- |
| Employee Signature: |  | Date: |  |
| Leader Signature: |  | Date: |  |