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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | **SURAT PERMOHONAN IZIN MENJALANI CUTI SAKIT/MELAHIRKAN** | | | | | | | | | | | | | | | |
|  | KepadaYth | | | | | | | |  | | | | | | | | |
|  | Ka. Biro Sumber Daya Manusia UMG | | | | | | | | | | | | | | | | |
|  | c.q. Ka. Bagian Personalia | | | | | | | |  | | | | | | | | |
|  | di tempat | | | | | | | |  | | | | | | | | |
|  |  | | | | | | | |  | | | | | | | | |
|  | Yang bertanda tangan di bawah ini, saya : | | | | | | | | | | | | | | | | |
|  | N a m a | | | | : | | |  | | | | | N I P : |  | | |  |
|  | Jabatan | | | | : | | |  | | | | | | | | |  |
|  | Unit Kerja | | | | : | | |  | | | | | | | | |  |
|  | Alamat | | | | : | | |  | | | | | | | | |  |
| + | Mengajukan permohonan ijin menjalani Cuti \*) :   1. Sakit 2. Melahirkan | | | | | | | | | | | | | |  |  |  |
|  | Selama: | | |  | | | | | hari | | | | | |  | |  |
|  | terhitungmulaitanggal : | | |  | | | | | | s/d | | | | |  | |  |
|  | Adapun alas an menjalani cuti khusus adalah sebagai berikut : | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | |  |
|  | (terlampir surat keterangan dokter)  Atas terkabulnya permohonan ini, saya sampaikan terima kasih. | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | |
|  | Gresik,  Pemohon | | | | | |  | | | | | Menyetujui  Atasan Langsung, | | | | |  |
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| **(** |  | | | | |  | | | | | |  | | | | |  |
|  | NIP.UMG | | | | |  | | | | | | NIP.UMG | | | | |  |
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| Keterangan :  **\*)** lingkari salah satu | | | | | | | | | | | | | | | | | |
|  | | | Lembar 1: Atasan Lansung Ybs | | | | | | | |  | | | | | | |
|  | | | Lembar 2: Ka. BSDM c.q. Ka. Bag. Personalia | | | | | | | |  | | | | | | |
|  | | | Lembar 3: Karyawan Yang bersangkutan | | | | | | | |  | | | | | | |