**휴직신청서**

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| **문서번호** |  | **결**  **재** |  |  |  |  |  |
| **작 성 일** |  |  |  |  |  |  |
| **발신부서** |  |
| **수신부서** |  | **합**  **의** |  |  |  |  |  |
| **참조부서** |  |  |  |  |  |  |
| **작 성 자** | 소속: 이름: |
| **제 목** |  | | | | | | |

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| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **대상자** | ­­ | **직책/직위/직급** | |  | | | **소속** |  | **사원번호** | |  | | | **입사일** |  | **기존휴직기간** | | (선택) | | | **휴직기간** | 20 년 월 일 ~ 20 년 월 일까지 (○○일간) | | | | | | **휴직사유** |  | | | | | | **첨부서류** |  | | | | | | **참고사항** | |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **No** | **휴직종류** | **근속기간 포함여부** | **급여 지급여부** | | **최대기한** | | **휴직 첨부서류** | | **복직 첨부 서류** | | | 1 | 공상휴직 | O | 유급 | | 12개월 | | 진단서 or 의사소견서 | | 의사 소견서 | | | 2 | 상병휴직 | X | 무급 | | 6개월 | | 진단서 or 의사소견서 | | 의사 소견서 | | | 3 | 육아휴직 | O | 무급 (일부) | | 12개월 | | 출생자녀 포함 주민등록등본 | |  | | | 4 | 가족돌봄휴직 | O | 무 유급 급 | | 90일 | |  | |  | | | 5 | 연수휴직 | O | 유급 | | 60개월 | |  | |  | | | 6 | 군복무휴직 | X | 무급 | | 36개월 | | 입영 통지서 | |  | | | 7 | 기타휴직 | X | 무급 | | 6개월 | |  | |  | | |  |  |  |  |  | |  | |  | | | | | | | | **근속기간**  **포함 여부** | □포함 □미포함 | | **급여 지급 여부**  **(유급/무급)** | | □유급 □무급 | |