## Request for Secretarial Privilege

Last name	Position	Em	ployee №		
First name	Department	R	equest №		
To be completed by the secretary i	requesting the privilege:				
Detail the privilege being requeste	ed:				
Detail the benefit that permitting t	he privilege would bring t	o the superio	r:		
Detail the cost that permitting the	privilege would incur to th	ne superior:			
☐ I believe that my conduct warra	ants the privilege	□ The ı	request is r	etrospect	ive
I accept that my superior's decision	n is final and agree to abid	le by it witho	ut complai	nt or argi	ument.
	prin	t name	się	gnature	/ / date
To be completed by the secretary's	s superior:				
$\Box$ I permit the privilege, subject t $\Box$ I do NOT permit the privilege,					
Conditions or reasons (optional)					
					/ /
			S18	gnature	date