

transmed limited

Employee Leave Record Form																																				
Employee Name/Number																		Employed from [DATE]																		
Department																		Year																		
Branch/Location																		Division														TOTAL				
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	AL	SL	ML	OTHER	
January																																				
February																																				
March																																				
April																																				
May																																				
June																																				
July																																				
August																																				
September																																				
October																																				
November																																				
December																																				
TYPE OF LEAVE																																				
SL - Sick Leave																																				
AL - Annual Leave																																				
ML - Casual/Maternity Leave																																				
AW - Absent Without Permission / UP - Unpaid Leave																																				

Remark:

HR Manager:

Manager:

Managing Director