

# LEAVE APPLICATION FORM



## EMPLOYEE INFORMATION

Full Name :

ID No :

Department :

Position :

Phone No :  E-Mail :

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## LEAVE DETAILS

\*Choose your type of leave

Annual  Emergency  Other

Start Date :  End Date :

Reason :

\*Contact During Leave

Phone No :  E-Mail :

Address :

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## EMPLOYEE DECLARATION

I hereby request approval for the above-mentioned leave.

Signature :  Date :

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## MANAGER APPROVAL

Approved  Not Approved  Comments :

HOD Approval :  Signature :  Date :

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## HR DEPARTMENT USE ONLY

Recorded in system by :  Date :

\*Name & Signature