


## Leave Request Form


<b>Leave Information</b>		
Employee Name		
Department		
Manager/Superior Reporting to		
Type of Absence Requested (Please choose the relevant reason)		
<input type="checkbox"/> Annual Leave <input type="checkbox"/> Sick Leave <input type="checkbox"/> Marriage Leave <input type="checkbox"/> Maternity/Paternity Leave <input type="checkbox"/> Others, Please Specify: _____		
Dates of Absence	From: _____	To: _____
Reasons for Absence:		
<i>You must seek approvals for leaves, other than sick leave, 3 days prior to your first day of absence</i>		
_____ Employee's Signature		Date: _____

<b>Manager/Supervisor Approval</b>	
<input type="checkbox"/> Approved <input type="checkbox"/> Rejected	
Comments:	
_____ Manager/Supervisor's Signature	Date: _____

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