



Employee Leave Request Form

| | | | |
|--|----------|--------------------|-----------------|
| Name | | ID # | |
| Job Title | | Dept | |
| Type of Leave | | | |
| | | | |
| Employee Remarks (Attach Required Documents) | | | |
| | | | |
| Leave Details | | | |
| Leave Applied From | | To | |
| | | # of days | |
| Contact Details | | | |
| Address while on leave | | | |
| Telephone (Local) | | Email | |
| For HR use only | | | |
| Leave Balance | | Remaining balance | |
| | Employee | Head of Department | Human Resources |
| Signature | | | |
| Name | | | |
| Date | | | |
| HR Comments: | | | |