

Employee Leave Request Form

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