

Form N° MAN-007/001 Rev 1 (back-to-back copy)

## **LEAVE APPLICATION FORM**

IMPORTANT : Please read carefully the instruction on the back page before submitting this form

Dept/Div:	Badge # :	NAME :		
Annual/Split Leave Sick/Hospitalisation Unpaid Authorised  Marriage/Maternity Accident/Compassionate Unpaid Unauthorised  DURATION FROM: THROUGH TOTAL = DAY  REMARKS (please state reason) :  (Attach separate sheet if necessary)  NOTE: Ticket Reservation Any changes of ticket reservation will be responsible by passenger on penalty charges and any additional charges.  Agree and sign by employee :  SIGNATURE OF EMPLOYEE: DATE :  NOTED BY: DATE :  PAPPROVED/NOT APPROVED BY : DATE:  Department/Division Head  FOR HR DEPARTMENT USE	Dept/Div :	JOB TIT	ΓLE:	
Marriage/Maternity  Accident/Compassionate  Unpaid Unauthorised  DURATION FROM:  THROUGH  TOTAL = DAY  REMARKS (please state reason):   (Attach separate sheet if necessary)  NOTE: Ticket Reservation Any changes of ticket reservation will be responsible by passenger on penalty charges and any additional charges.  Agree and sign by employee:  SIGNATURE OF EMPLOYEE:  NOTED BY:  DATE:  Immediate Superior  APPROVED/NOT APPROVED BY:  Department/Division Head  FOR HR DEPARTMENT USE  Date of receipt:  HRD:  Marriage/Maternity  DAY  DAY  Accident/Compassionate  Unpaid Unauthorised  DAY  DAY  Accident/Compassionate  DAY  DAY  DAY  ACCIDENTAL = DAY  DATE:  DATE:  DEPARTMENT USE  Accumulated Annual Leave entitled:  Accumulated Annual Leave applied:  day (s)  Balance of Leave B/F:  day (s)  Balance of Leave B/F:  day (s)  HR Department to deduct  day (s)  Unpaid Authorised Leave	TYPE OF LEAVE : (Please tick when	e applicable)		
DURATION FROM: THROUGH TOTAL = DAY  REMARKS (please state reason) :	Annual/Split Leave	Sick/Hospital	lisation Unpaid Authorised	
(Attach separate sheet if necessary)  NOTE: Ticket Reservation Any changes of ticket reservation will be responsible by passenger on penalty charges and any additional charges.  Agree and sign by employee:  SIGNATURE OF EMPLOYEE:  NOTED BY:  Immediate Superior  APPROVED/NOT APPROVED BY:  Department/Division Head  FOR HR DEPARTMENT USE  Date of receipt:  HRD:  HRD:  Mumber of day (s) Leave applied:  day (s)  Balance of Leave B/F:  day (s)  HR Department to deduct  day (s)  HR Department to deduct  day (s)  Unpaid Authorised Leave	Marriage/Maternity	Accident/Cor	mpassionate Unpaid Unauthorised	
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Agree and sign by employee:  SIGNATURE OF EMPLOYEE:  DATE:  NOTED BY:  Immediate Superior  APPROVED/NOT APPROVED BY:  Department/Division Head  FOR HR DEPARTMENT USE  Date of receipt:  HRD:  HRD:  Balance of Leave B/F:  Unpaid Authorised Leave				
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NOTED BY:    DATE :				
NOTED BY:    Immediate Superior	SIGNATURE OF EMPLOYEE :		DATE:	
APPROVED/NOT APPROVED BY:  Department/Division Head  FOR HR DEPARTMENT USE  Date of receipt:  HRD:  Balance of Leave B/F:  day (s)  HR Department to deduct  day(s) salary from payroll being  Unpaid Authorised Leave	NOTED BY			
FOR HR DEPARTMENT USE  Date of receipt:  HRD:  Mumber of day (s) Leave applied:  Balance of Leave B/F:  day (s)  HR Department to deduct  day(s) salary from payroll being  Unpaid Authorised Leave	NOTED BY:	Immediate Superior	DATE:	
FOR HR DEPARTMENT USE  Date of receipt: HRD: Number of day (s) Leave applied: day (s)  Balance of Leave B/F: day (s)  HR Department to deduct day(s) salary from payroll being Unpaid Authorised Leave	APPROVED/NOT APPROVED BY :		DATE:	
Date of receipt : HRD : Number of day (s) Leave applied : day (s)  Balance of Leave B/F : day (s)  HR Department to deduct day(s) salary from payroll being Unpaid Authorised Leave		Department/Division Head		
Date of receipt : HRD : Number of day (s) Leave applied : day (s)  Balance of Leave B/F : day (s)  HR Department to deduct day(s) salary from payroll being Unpaid Authorised Leave	FOR HR DEPARTMENT USE		Accumulated Annual Leave entitled : day (s)	
Balance of Leave B/F : day (s)  HR Department to deduct day(s) salary from payroll being Unpaid Authorised Leave	Date of receipt :	HRD :	Number of day (s) Leave applied : day (s)	
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Unpaid Unauthorised Leave (Absentism)	The Department to deduct	_ day(3) salary from payron being		
			Unpaid Unauthorised Leave (Absentism)	
Action by HRD: Date:	Action by HRD :	D	ate:	
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P.T.O. for instruction			P.T.O. for instruction	
REMARKS:	REMARKS:			
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## **INSTRUCTION FOR APPLICATION FOR LEAVE**

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- 1) All application for leave for all positions must give advance notice of period. This form must be submitted to the Division Head for approval and ONLY IF the application is approved can the leave be taken. The only exception to this rule is Sick/Hospitalisation leave and under such circumstances the Leave Application Form must be submitted to the Division Head together with the relevant Medical Certificate immediately upon return.
- 2) When Division Head is considering whether or not to approve an application it is essential that he find out from HR Department regarding the Leave balance of the applicant.
- 3) Division Head must forward the Leave Application Form, whether Approved or Not Approved, to HR Department no longer than 4 days upon the receipt of the Leave Application Form.
- 4) In the event of Leave taken by employee WITHOUT the prior knowledge and approval of a Division Head ie. Absentism, it is the responsibility of the Division Head to ensure that this form be filled and forwarded to HR Department a.s.a.p.
- 5) It is Company Policy NOT to grant Unpaid Authorised Leave. Only under exceptional circumstances can such a leave be considered. If the Division Head decides to approve such a Leave, he must state his reason on the Leave Application Form and forwarded to HR Department.