

# Leave Request Form

EMPLOYEE NAME:

DEPARTMENT:

**REASONS FOR REQUESTED LEAVE (PLEASE TICK THE APPROPRIATE BOX)**

- ☐ Annual Leave    ☐ Bereavement    ☐ Parental Leave    Others ☐  
☐ Maternity Leave    ☐ Sick Leave    ☐ Unpaid Leave

REQUESTED  
DATE :

Date Range: From \_\_\_\_\_ To \_\_\_\_\_

Date: ..... ☐ Half Day    ☐ Full Day    ☐ Mid-Day Leave

**MANAGER/SUPERVISOR APPROVAL:**

EMPLOYEE'S SIGNATURE

☐ Approved    ☐ Rejected

DUTY ASSIGNED TO:

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