

# Leave Request Form

## Employees Information

Name \_\_\_\_\_  
Date Of Birth \_\_\_\_\_ Gender ☐ Male ☐ Female ☐ Other  
Phone Number \_\_\_\_\_ Email \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

## Leave information

starting Date \_\_\_\_\_ Ending Date \_\_\_\_\_

## Hub Information

Assigned HUB \_\_\_\_\_  
Address \_\_\_\_\_

## Hub Lead

Name \_\_\_\_\_  
\_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

## Hub Coordinator on duty

Name \_\_\_\_\_  
\_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_  
\_\_\_\_\_  
Employees's Signature \_\_\_\_\_ Date \_\_\_\_\_

# Leave Request Form



Hub Coordinator on duty

Name \_\_\_\_\_

\_\_\_\_\_

Employees's Signature

\_\_\_\_\_

Date

Leave Information

Please provide any additional information or special requests below.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Emergency Contact Information

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

\_\_\_\_\_

Employees's Signature

\_\_\_\_\_

Date

Name:

For WSGS Coor Use Only

\_\_\_\_\_

Confirmation ☐ Yes ☐ No

Notes

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_