

**LEAVE** APPLICATION

|  |  |
| --- | --- |
| NAME: | {first\_name} |
| POSITION: |  |

I hereby apply for the following leave:-

|  |  |  |  |
| --- | --- | --- | --- |
| Type of leave | From | To | No. of working days |
|  | (Both dates inclusive) | |  |
| 1. Annual |  |  |  |
| 2. Sick |  |  |  |
| 3. Study |  |  |  |
| 4. Maternity/Adoption |  |  |  |
| 5. Family Responsibility |  |  |  |
| 6. Unpaid Leave |  |  |  |
| 7. Other |  |  |  |
| **T o t a l:** | | |  |

|  |  |
| --- | --- |
| **ADMIN USE (to be completed before sign-off)** | |
| Balance of annual leave before this application: |  |
| Leave now requested: |  |
| Balance of annual leave due: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| ***Leave Applicant***  Applicant’s Signature: |  | Date: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| ***Approved By***  Manager’s Signature: |  | Date: |  |