

## Leave Request Form

Date:

Employee Name:	Occupation:	
Reason for requested leave: (please tick appropriate box)		
<input type="checkbox"/> Annual Leave	<input type="checkbox"/> Maternity Leave	<input type="checkbox"/> Sick Leave
<input type="checkbox"/> Unpaid Leave	<input type="checkbox"/> Bereavement	<input type="checkbox"/> Other _____
Dates Requested:      from      _____ to      _____		No. of Days : _____

Employee Signature:

Manager/ Supervisor Approval:      ☐ Approved      ☐ Decline

Manager/ Supervisor Name:

Manager/ Supervisor Signature:

Notes/ Comments: