

**LEAVE APPLICATION**

EMPLOYEE COPY

Full Name:

ID No:

Designation:

Department:

Type of leave applied for (Please Tick):

☐ ANNUAL☐ CASUAL☐ SICK☐ EXTRA ORDINARY☐ L.W.P

Duration:

Start Date:

End Date:

Contact address while on leave:

Reason for leave:

Cell Number:

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Signature of Applicant

Leave Position (Before grant of this leave):

Date: \_\_\_\_\_

EL \_\_\_\_\_ CL \_\_\_\_\_ SL \_\_\_\_\_ X/O \_\_\_\_\_ L.W.P \_\_\_\_\_

Recommended/Not Recommended  
Department Head

Head of HR

Approved by

**LEAVE APPLICATION**

HR COPY

Full Name:

ID No:

Designation:

Department:

Type of leave applied for (Please Tick):

☐ ANNUAL☐ CASUAL☐ SICK☐ EXTRA ORDINARY☐ L.W.P

Duration:

Start Date:

End Date:

Reason for leave:

HRD Department