APPLICATION FOR LEAVE

NAME OF EMPLOYEE: Jacoba Magdalena Grobler

EMPLOYEE ID NO: 7111040063081

EMPLOYEE CODE: A-GRO003   DOA: 2012-02-08

I hereby apply for leave as set out below.

A.   NATURE OF LEAVE (Category)

| Annual leave | ☐ | Sick leave | X | Maternity leave | ☐ | Parental leave | ☐ |

| Study leave | ☐ | Unpaid leave | ☐ | Family responsibility leave | ☐ |

B.   DATES   (Inclusive of the first and last date)

	From	To	Total days
Annual leave from:			
Sick leave from:	2024-10-01	2024-10-02	2.0
Maternity leave from:			
Study leave from:			
Unpaid leave from:			
Family responsibility leave from:			
Parental leave from:			

I will resume my duties on: 2024-10-03

I certify that I am fully conversant with all policies in the workplace regarding all types of leave and that this application will be subject to the content of such policies.

_____
EMPLOYEE

2024-10-03
_____
DATE

_____
EMPLOYER

_____
DATE