

LEAVE FORM

Name and Surname:	Ntombizikhona	Qandashe
Days Due at Date of A	pplication: _	18

Start Date	End Date	No. Of Days	Date Back in Office	Description	
21/07/2025	28/07/2025	5	29/07/2025	Annual Leave	
				Sick Leave	
				Compassionate Leave	
				Family Responsibility	
				Other/Accrued	

Signat	ure of Ap	plicant:	S
Approv	ved By: _	Banele Dondolo	
Date:	24/06/202	5	

