# Employee Leave Form

## LEAVE FORM

As an employee you are entitled to **14 sick leave days** in a year, **90 Calendar days** maternity leave and **14 calendar days paternity leave** respectively. Bereavement and study leave shall be at the discretion of the employer.

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| --- | --- |
| **Date** | 2nd April 2024 |
| **Employee Number** |  |
| **Employee Name** | Patrick Ayub |
| **Department** | Technical |

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| --- |
| **Description** |
| 1. Annual Leave 2. Sick Leave 3. Maternity/Paternity 4. Compassionate Leave   Other **Annual leave exhaustion** |

I will delegate my tasks to:

Name John Gachoki and Fiona Wekulo Signature

Leave request from 3rd April 2024 to 5th April 2024

Current Leave Balance 4

Requested Leave Days 3

Pending Leave Days 0

Employee 

(Name) (Signature)

HR Officer (Authorization) (Name) (Signature)

Line Manager (Authorization) (Name) (Signature)