

Leave application form

Employee name:		
Position:		
I wish to apply for leave as follows:		Enter the total number of working days taken
Annual leave		
Medical leave		
Family responsibility leave		
Maternity leave		
Study leave		
Other (specify):		
Leave dates From (date on which first day of leave begins): To (date on which the last day of leave falls):		
Leave approved: Yes No		
Comments/Motivation		
Signatures		
Employee signature		Date
Manager signature I		Date
For office use		
Year: 2016 Number of leave days owing: Number of leave days taken (on this application between the salance owing:	on):	