

NEWS	News Central Media	NCTV-HR-LRF-06	Confidential
	Leave Request Form	Revision Number: 00	

Employee Name: GIBERIKON ALICIA Date: 21/MAR/20

Job Title: SOCIAL MEDIA ASSOCIATE Dep/Unit: DIGITAL

Stand-in person: KARINA (MOOSE) Sign: _____
(For Annual Leave requests, please attach a copy of your hand over note)

TYPE OF LEAVE:

1. ☐ Annual Leave 2. ☐ Casual Leave 3. ☐ Maternity Leave 4. ☐ Sick Leave
5. ☐ Examination Leave 6. ☐ Compassionate Leave 7. ☐ Leave of Absence

REASON FOR LEAVE: (please specify) MEDICAL ADMITTANCE FOR HEALTH EVALUATION

PLEASE NOTE: For 3, 4 & 5 above, completed forms must be accompanied by relevant documents viz. medical certificates and examination timetable, respectively.

LEAVE REQUESTED:

From: 28th Mar to 1st April Total number of days/weeks requested: 5

Contact Address/Phone No. during leave: 0813692548

Employee Signature: [Signature]

Date: 21-03-22

APPROVALS

Line Mgr. Sign. [Signature]

Date: 22-03-2022

HR: Sign. _____

Date: _____

(FOR OFFICE USE ONLY)

LEAVE ALLOWANCE DUE: _____

Paid: ☐ Unpaid: ☐ Not Applicable: ☐

Finance Manager: Sign. _____ Date: _____

LEAVE TIME AVAILABLE TO DATE:

Total number of days due: _____ Used: _____ Outstanding: _____