# Leave Application

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**LEAVE CONDITIONS:**

**1. A leave form must be completed every time that you are absent from your workplace.**

**2. Management must be informed of your absence at least 1 day before your absence.**

**3. Annual leave/ unpaid leave must be approved by management before commencement of such leave.**

**4. Disciplinary action may be taken if you do not return to your workplace after the expiry of the approved leave period.**

**Employee Details:**

Full Name: _____

**Leave Details:**

Leave Start Date: _____

Leave End Date: _____

**Leave Balance Summary:**

| Leave Type | Allocated Days | Days Taken | Remaining Days |
|---|---|---|---|
| Annual Leave | | | |
| Sick Leave | | | |
| Family Responsibility Leave | | | |
| Injury on Duty | | | |

Employee Signature: _____          Date: _____

**Manager/HR Approval/Disapproval:**

- Approved/Disapproved By: _____

- Designation: _____

- Comments: _____

Signature: _____          Date: _____