To : <u>SALARIES</u> DEPARTMENT   Employees Name: *George Hlongwane*

Employee no

Branch: _Edenvale_

I wish to apply for Leave as follows :-

_____X_____   Annual Leave

_____   Medical Leave

_____   Family Responsibility

_____   Maternity Leave

_____   Other. Please specify _____

From : _08/12/2021_   _08/12/2021_ to :(inclusive)

Leave due : _____ days

This application : _____1_____ days

Balance : _____ days

APPROVED BY :

_____   _08/12/2021_
Applicants Signature   Date

_____   _____
Head of Department   Date

Entered on Leave Record : _____