



## LEAVE APPLICATION FORM

*\*Hard-copy form signed by Supervisor/Principal to be submitted after Leave Application via PSiber Mobile App Employee Self Service (ESS) platform has been approved. Please email this completed form to [jacinta@sayouthatwork.com](mailto:jacinta@sayouthatwork.com)*

EMPLOYEE DETAILS			
FULL NAME AND SURNAME			
ID NUMBER			
TYPE OF LEAVE – please tick applicable category			
Annual Leave	<input type="checkbox"/>	Family Responsibility Leave	<input type="checkbox"/>
Unpaid Leave	<input type="checkbox"/>	Maternity Leave*	<input type="checkbox"/>
Sick Leave*	<input type="checkbox"/>	Study Leave*	<input type="checkbox"/>
<p>* For Sick Leave and Maternity Leave – please attach medical certificate.</p> <p>* For Study Leave – please attach the exam time table, study leave is subject to approval by Principal and Youth@work</p>			
LEAVE DATES			
Dates:		Total number of work days absent:	
HOST SITE DETAILS			
NAME OF SCHOOL			
CONTACT PERSON			
TELEPHONE NUMBER:		CELL:	
EMAIL:			
Notes:			
DATE:		SIGNATURE:	
SCHOOL STAMP:			