nupco

Product ▼   Letters ▼   Data ▼   Allowances ▼   Leave ▼   Compensation ▼   Medical ▼   Administration ▼

Normal Leave

Leave Request Form

Date: /   /

Employee Name:	Department:

Reason for requested leave: (please tick appropriate box)

☐ Annual Leave   ☐ Bereavement   ☐ Maternity Leave   ☐ Other _____

☐ Sick Leave   ☐ Unpaid Leave   ☐ Parental Leave

Dates Requested: from _____ / _____ / _____   to _____ / _____ / _____

Employee's Signature: _____

Manager/Supervisor Approval: ☐ Approved   ☐ Rejected

Notes/Comments:

PRODUCT

Employment Letters

Personnel Data Updating

Allowances services

Compensation

Compalin & raise concern

Oprtunities & suggestions

COMPANY

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