**LEAVE APPLICATION FORM**

|  |  |  |  |
| --- | --- | --- | --- |
| EMPLOYEE NUMBER : |  | LOCATION: |  |
| EMPLOYEE NAME: |  | | |
| TITLE: |  | | |
| TEL. CONTACT DURING LEAVE: |  | | |
| Number of outstanding (accrued) leave days? |  | | |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | Leave Types | | | | | | |
| From | To | No. Of Days | A | S | C | M | P | E | Other(Specify) |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| ***Total days applied for:*** | |  |  |  |  |  |  |  |  |

**Leave types: A= Annual, S= Sick, C= Compassionate, M= Maternity, P= Paternity, E= Examination**

|  |  |  |  |
| --- | --- | --- | --- |
| Who will be carrying out your duties? |  | Have they been informed? |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Signature of applicant: |  | Date: |  |

**APPROVAL:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **APPROVED** |  | **REJECTED** | |  |
| Reason(s) for rejection |  | | | |
| Name: |  | | Title: |  |
| Signature: |  | | Date: |  |