



Official Business Leave Request Form

Date: _____

Name:		Department/Position:	
Inclusive Travel date:			
Type of Travel:	<input type="checkbox"/> Domestic Travel	<input type="checkbox"/> International Travel	
Departing City/Country:		Arriving City/Country:	
Transportation Details: <i>(please attach a copy of the itinerary)</i>			
Accompanied by:			
Purpose of Travel: <i>(please attach a copy of the itinerary)</i>			
Estimated Expenses:			
Remarks:			

Requested by:
Employee

Approved by:
Supervisor/Manager

Noted by:
Human Resource Department