

## **APPLICATION FOR LEAVE**

To be used by all Employees (Applicant to complete Part A and B only)

PART A				
Name:		F	PIN:	
Designation:		E	Branch/Division/Dept.:	
Leave Category (Ple	ease tick as appropriate box)			
Annual [ ] N	laternity [ ] Casual [	] Sick [ ]		
Number of days app	plying for Leave (Please insert	number of working da	ys in the box): [ ]	
From: Please state reason	To: for taking leave:			
PART B Duty carried out by	:			
In case of emergend	cy I can be contacted at the fo	llowing address:		
Signature of the Employee:		Date:		
PART C (To be com	pleted by the Human Resourc	ces Department)		
	Entitled Leave	Leave Applied	Balance Due	
Annual	[ ]	[ ]	[ ]	
Casual	[ ]	[ ]	[ ]	
Sick	[ ]	[ ]	[ ]	
Signature of the Employee:		[	Date:	
PART D (To be com	pleted by Direct Reporting O	fficer)		
Leave Approved [ ]		Leave Approved w	ithout pay [ ]	
Subject to [ ]				
Signature of Branch Manager Date:			Signature of Approving Officer  Date:	

HR Apex Investments Leave Application