



### Application for Leave

To be used by all Employees

(Applicant to complete Part A and B only)

#### PART A

Name:

PIN:

Designation:

Branch/Division/Dept.:

Leave Category (Please tick as appropriate box): Annual ☐ Maternity ☐ Casual ☐ Sick ☐

Number of days applying for Leave (Please insert number of working days in the box):

From:

To:

Please state reason for taking leave:

Duty carried out by:

#### PART B

In case of emergency I can be contacted at the following address:

Signature of the Employee:

Date:

#### PART C (To be completed by the Human Resources Department)

	Entitled Leave	Leave Applied	Balance Due
Annual	<input type="text"/>	<input type="text"/>	<input type="text"/>
Casual	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sick	<input type="text"/>	<input type="text"/>	<input type="text"/>

Signature of the Employee:

Date:

#### PART D (To be completed by Direct Reporting Officer)

Approved ☐ Not Approved ☐ Leave Approved without pay ☐ Subject to ☐

Signature of Branch Manager

Date:

Signature of Approving Officer

Date: