



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	[]	[]	[]
Casual	[]	[]	[]
Sick	[]	[]	[]

Signature of the Employee:

Date:

PART D (To be completed by Direct Reporting Officer)

Leave Approved [☐] Not Approved [☐] Leave Approved without pay [☐]

Subject to []

Signature of Division Head

Date:

Signature of Approving Officer

Date: