



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:

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: _____