

## **Employee Leave Request**

Employee Name :
Requested Date :
Start Date :
End Date :
Purpose :
I, . understand that this leave will be treated as an unpaid leave if I do not have any leave balance left. (See notes below)
Employee Signature :
Approver's Signature :
Notes:
<ul> <li>Employees are expected to give a minimum of one (1) week's notice when requesting leave. However, in an emergency, the employee is requested to give as much notice as possible.</li> </ul>