

Leave Request Form

Employee Name : _____
Requested Date : _____
Leave Start date : _____
Leave End date : _____
Reason : _____

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:

- Employees are expected to give a minimum of one (1) week notice when requesting leave. In an emergency, the employee is requested to give as much notice as possible.