



Leave Application Form

Name : Bayu Bagus Bagaswara

Portfolio : PT Bank Danamon Indonesia, Tbk

Department : IT

<input checked="" type="checkbox"/>	Annual	<input type="checkbox"/>	Medical	<input type="checkbox"/>	Others	<input type="checkbox"/>	Replacement
<input type="checkbox"/>	Emergency / Compassionate						

Reason(s)

Annual Leave

Leave Date : 09/12/2024 - 13/12/2024, 16/12/2024 - 19/12/2024 Days : 9

Signature : \_\_\_\_\_

Date : \_\_\_\_/\_\_\_\_/\_\_\_\_ Time : \_\_\_\_:\_\_\_\_ AM / PM

In case of any work related urgency, I am contactable at :

Note :

To allow a timely processing of your leaves & to avoid any unforeseen delays,  
You are required to submit ANNUAL leave(s) application to HR department atleast 3 days in advance.

For Official Use Only

Recommendation(s) by Manager / HoD : ☐ Approved ☐ Not Approved

Approved By Human Resource	Approved By Director - IT Services
Signature : _____	Signature : _____
Date : ____/____/____	Date : ____/____/____
Time : ____:____ AM / PM	Time : ____:____ AM / PM

Annual :	<input type="text"/> Entitlement	<input type="text"/> Taken	<input type="text"/> Balance
Medical :	<input type="text"/> Entitlement	<input type="text"/> Taken	<input type="text"/> Balance
Others :	<input type="text"/> Entitlement	<input type="text"/> Taken	<input type="text"/> Balance
Emergency / Compassion :	<input type="text"/> Entitlement	<input type="text"/> Taken	<input type="text"/> Balance
Replacement :	<input type="text"/> Entitlement	<input type="text"/> Taken	<input type="text"/> Balance

Remarks :

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