



LEAVE FORM

Date/...../20...

I. I will be using Day(s) of my

☐ Annual

☐ Advance

☐ Unpaid

☐ Medical

☐ Maternity

☐ Personal leave between .../.../20.....

and/...../20..... ; and I will return to work on/...../20.....

Address During Leave :

.....Phone:

Person to replace during the leave period:

II. Please leave this form with department secretary after filling out and getting approval.

Requested by

ID Number

Name

Signature.....

Date/...../ 20.....

Approved by the Unit Director

Name

Signature.....

Date/...../ 20.....

III. The section below will be filled out by the employee's supervisor on his/her return to work.

The Employee above has used ...days of leave between .../.../ 20... - .../.../ 20...

and returned to work on/...../ 20.....

Unit Director Approved :

Signature Date: /...../20.....