**LEAVE APPLICATION FORM**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |  | **Employee No:** |  |
| **Position:** |  | **Date joined Company:** |  |
| **Project/Contract:** |  | **Date of application:** |  |
| **Type:**  **AL, SL, BL, UPL, ML, PL, SABL, TOIL, Stl** |  |  |  |
| **Dates**  **(inclusive dates):** | **From:**  (day/month/year) | **To:**  (day/month/year) | **Number of Leave Days:** |
| **dd/mmm/yyyy** | **dd/mmm/yyyy** | **#** |
| **Last Working Day** |  | **First Working Day - Returning On Duty** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Leave Address:** |  | **Contact Numbers:** |  |
| **Signed:** |  |

**For Official Use:** Actioned by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Annual Entitlement + carry over (if applicable)** |  |  | **Entered on ERP** | Yes | No |
| **Leave taken to date:** |  |  |  |  |  |
| **This leave application:** |  |  |  |  |  |
| **Days remaining for leave year:** |  |

**APPROVED / NOT APPROVED:**

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |
| Name: |  |
| Position: |  |

**Payroll Action (if applicable):**

|  |  |
| --- | --- |
| **Name:** |  |
| **Date Actioned:** |  |
| **Remarks/Comments** |  |