



## **LEAVE APPLICATION FORM**

Mr/Mrs/Ms: .....

Subsidiary: .....

Department: .....

Location: .....

Position: .....

Approved Leave Brought Forward: .....

### **LAST LEAVE**

Leave Year: .....

Date of Last Leave: .....

No. Of Days Granted: .....

### **CURRENT LEAVE**

Leave Year: .....

Date(s) of Proposed Leave: .....

.....

.....

No. Of Days Requested: .....

No. Of Days Granted: .....

Date of returning to work: .....



**TYPE OF LEAVE:**

TYPE OF LEAVE	TICK
ANNUAL LEAVE	
SICK LEAVE	
MATERNITY LEAVE	
PATERNITY LEAVE	
PERSONAL DAY LEAVE	
OTHER (PLS SPECIFY)	

If granted the leave, I will have ..... (i.e. No. of Days) working days more as outstanding leave for the year .....

..... (Name of person) will handle my work when I am on leave.

**LEAVE CONTACT DETAILS**

**Where will you be during your Leave? Example**

**Town:** .....

**Country:** .....

**Email:** .....

**Contact Phone No.:** .....

**Applicant's Signature:** ..... **Date:** .....





**RELIEVING OFFICER/STAFF**

I,....., have received handover notes from ..... I certify that I am satisfied with the contents and should be able to cover for him/her when he/she is on leave.

**Signature:**

**Date:** .....

**Approved by:** ..... (Supervisor's name)

**Signature:**

**Date:** .....

**Approved by:** ..... **(MD/GM)**  
(Where applicable)

**Date:** .....

**Approved by:** ..... **(Group Head HR & Admin/HR & Admin Rep.)**

**Date:** .....

**GP/CEO's ENDORSEMENT** (job grade 50 and above).....

**Date:** .....