**Leave Request Form**

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| **Employee information**  Name:  Department:  Leave request: \_\_\_\_\_ 🞏 Days 🞏 Hours  Dates of absence. From\_\_\_\_\_\_\_\_\_\_\_\_\_ To \_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |  |
| --- | --- | --- |
| **Type of leave** | | |
| 🞏 Home  🞏 Sick/Medical Leave | 🞏 Maternity Leave  🞏 Paternity Leave | 🞏 Mourning Leave  🞏 Leave without pay  🞏 Other\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| --- |
| **Reason for the Leave request** |

*I understand that this request is subject to approval by my employer.*

Employee signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Manager approval**

🞏 Approved 🞏 Rejected

Managersignature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_