**APPENDIX ONE**

**LEAVE APPLICATION FORM**

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| --- | --- | --- | --- |
| **EMPLOYEE NAME** |  | **EMPLOYEE ID** |  |
| **JOB TITLE** |  | **DEPARMENT** |  |
| **LINE MANAGER** |  | **DATE** |  |

**LEAVE DETAILS**

1. Type of Leave Applied for (Tick Appropriately)

Annual Leave Requested Leave Dates: From \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Number of Leave days requested \_\_\_\_\_\_\_\_ Resumption Date \_\_\_\_\_\_\_\_\_\_
2. Name of Acting/Back-Up Colleague \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Please ensure handover document is given to acting/backup colleague)*

1. Contact Number(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*I understand that my leave may be cancelled if not found convenient for the company to release me and could be recalled from leave to the office where this becomes needful and unavoidable.*

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- |
| **LINE MANAGER’S APPROVAL**  Your application for leave is hereby: ***(Tick appropriately)*** Approved  Declined  Signature & Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **HR USE ONLY**  Your application for leave is hereby: ***(Tick appropriately)*** Approved  Declined  Name & Designation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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