**Leave Request Form**

|  |  |  |  |
| --- | --- | --- | --- |
| **Leave Information** | | | |
| Name | |  | |
| Manager/Superior Reporting to | | Krishnie | |
|  | | | |
| Type of Absence Requested (Please choose the relevant reason)   |  |  |  |  | | --- | --- | --- | --- | |  | Sick |  |  | |  | Bereavement |  |  | |  | Time off without pay |  |  | |  | Annual leave | X |  | |  | Maternity/Paternity |  |  | | Others – Please Specify: | | | | | | | |
|  | | | |
| Dates of Absence | From : | | To : |
| Reasons for Absence: | | | |
|  | | | |
| *You must seek approvals for leaves, other than sick leave, 2 days prior to your first day of absence* | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Employee’s Signature | | | Date : |
| **Manager/Supervisor Approvals** | | | |
| |  |  | | --- | --- | |  | Approved | |  | Rejected | | | | |
| Comments: | | | |
|  | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Manager/Supervisor’s Signature | | | Date: |