



APPLICATION FORM FOR LEAVE REQUEST

PART I (To be Completed by Applicant)

Name :	ID No. :
Position :	Department :

TYPE OF LEAVE	PERIOD		TOTAL	REMARK
	FROM	TO	DAYS	
Annual Leave				
Marriage Leave				
Maternity Leave				
Miscarriage Leave				
Paternity Leave				
Sick Leave				
Compassionate Leave				
Unpaid Leave				
Religious Leave				
Bereavement Leave				
Replacement Leave				

Please Specify reason in Remark Column

ADDRESS DURING LEAVE : _____ _____ _____ _____ TELEPHONE / HP NO. : _____	_____ Applicant Date : _____
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PART II (To be Completed by Leader / Supervisor / Manager / Head of Department)

Leave Recommended <input type="checkbox"/> Leave Not Recommended <input type="checkbox"/> Person delegated to replace while the employee is on leave : _____	Approved by _____ <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> Supervisor Date : _____ </div> <div style="text-align: center;"> Head of Department Date : _____ </div> </div>
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PART III (To be Completed by Human Resource Department)

Last Balance : _____ days This Application : _____ days New Balance : _____ days <div style="text-align: center;"> Checked by _____ HRD Date : _____ </div>	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Approved by _____ Reyindri HR Manager Date : _____ </div> <div style="width: 45%;"> Acknowledge by _____ Herina Tjhia Chief Operating Officer Date : _____ </div> </div>
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