



REPLACEMENT LEAVE FORM

Name : _____ Employee No. : _____
 Company : _____ Dept / Division : _____
 Designation : _____

Date	Brief details of additional / extraordinary work	Time (Start)	Time (End)	Total hours	Total days	Verified by Immediate Superior

Total no of. : _____ day/s
Replacement Leave

Prepared by : _____ (Staff) Approved by : _____ (Head of Dept. / Div.)

Date : _____ Date : _____

FOR GROUP HUMAN CAPITAL DIVISION USE

Recorded by : _____ Remarks : _____
 Date : _____

Note:

- i) Accumulated minimum of 5 hours working or travelling on (off day/rest day/public holiday) = 1 day replacement leave
 - Travelling on Rest/Off Day or Public Holiday for official duties can be considered for Replacement Leave.
 - Extended to non-executive who are not entitled for Replacement Leave but required to travel for official duties.
- ii) Accumulated minimum of 8 hours working on weekdays = 1 day replacement leave.
- iii) The form to be submitted to Group Human Capital Division upon completion of 5 or 8 hours working and/or travelling
- iv) Replacement leave must be utilized within 3 months from working date.