

red dot distribution

FULL NAME : _____

ID No. _____

DEPT: _____

LEAVE REQUESTED FROM: _____ TO _____ No.OF DAYS: _____

REASON FOR REQUEST : _____

HOME / LEAVE ADDRESS _____

APPLICANT'S SIGNATURE : _____

DATE: _____

BACK UP PERSON: _____

BACK UP'S SIGNATURE: _____

DATE: _____

COMPUTATION OF OUTSTANDING DAYS:

CURRENT YEAR ENTITLEMENT :

_____ DAYS

LESS DAYS ALREADY TAKEN :

_____ DAYS

LESS DAYS APPLIED FOR :

_____ DAYS

BALANCE C/F IF APPROVED :

_____ DAYS

IF FIRST LEAVE DATE OF EMPLOYMENT

DATE RETURNED FROM LAST LEAVE

RECOMMENDATION BY HEAD OF DEPARTMENT:

☐ APPROVED TO PROCEED FOR ANNUAL LEAVE :

☐ DAYS

RECOMMENDATION BY MANAGING DIRECTOR:

☐ APPROVED TO PROCEED ANNUAL LEAVE :

☐ DAYS

☐ SALARY/ADVANCE PAYMENT APPROVED/NOT APPROVED

DEPT. MANAGER : _____

GENERAL MANAGER : _____

MANAGING DIRECTOR: _____

DATE RESUMED WORK: _____

CHECKED BY : _____