

## LEAVE APPLICATION FORM

Name				Date	
Job Title				Grade	
Department				Employee ID	
<b>Leave Details</b>					
Leave Type	(Annual / Sick / Compassionate / Maternity / Haj / Unpaid / Others. Please Specify_____)				
Start Date		End Date		Total Requested Days	
<b>Leave Salary</b>					
<input type="checkbox"/> Required For The Month Of _____ <input type="checkbox"/> Not Required					
<b>Contact Information (During Leave)</b>					
Telephone / Mobile Number:					
E-Mail:					
<b>Initial Approval:</b>					
Employee		Department Head		Operations Director (if applicable)	
<b>For HR Department Use Only</b>					
Leave Balance:	_____ Days As Of _____		Payment Details (For Leave Salary Request)		
Current Requisition:	_____ Days		Gross Salary:		
New Leave Balance:	_____ Days As Of _____		Deductions:		
Remarks:					
<b>Final Approval:</b>					
HR Department / General Manager – If applicable					