

RETURN FROM LEAVE FORM

Name				Date	
Job Title				Grade	
Department				Employee ID	
Leave Details					
Leave Type	(Annual / Sick / Compassionate / Maternity / Haj / Unpaid / Others. Please Specify _____)				
Start Date		End Date		Total Requested Days	
Return from Leave Details					
Return : (On Time / Early Return / Late Return) Date of Return :					
Reason for Early / late Return (Please attach required documents)					
Initial Approval: (If Early / Late Return)					
Employee			Department Head		
For HR Department Use Only					
Leave Balance:	_____ Days As Of _____				
Current Requisition:	_____ Days				
New Leave Balance:	_____ Days As Of _____				
Remarks:					
Final Approval:					
HR Department					