



## LEAVE APPLICATION FORM (Staff To Fill Up Details)

NAME: \_\_\_\_\_ DEPT: \_\_\_\_\_

POSITION: \_\_\_\_\_ DATE: \_\_\_\_\_

DATE OF LEAVE: FROM: \_\_\_\_\_ (am/pm) TO: \_\_\_\_\_ (am/pm)

NO. OF DAY/S TAKING: \_\_\_\_\_ (Excluding Sunday & Public Holiday)

RETURN TO WORK ON: \_\_\_\_\_

TOTAL NO. OF LEAVE LEFT: \_\_\_\_\_ DAY/S (Staff to check with HR and to be filled in)

TYPE OF APPLICATION:

<input type="checkbox"/>	Annual Leave
<input type="checkbox"/>	Off-in-lieu (O/T form to be attached)
<input type="checkbox"/>	Medical Leave (M.C. to be attached)
<input type="checkbox"/>	Urgent Leave *
<input type="checkbox"/>	No Pay Leave *
<input type="checkbox"/>	Compassionate Leave *

<input type="checkbox"/>	Hospitalization Leave
<input type="checkbox"/>	Marriage Leave
<input type="checkbox"/>	Maternity Leave
<input type="checkbox"/>	Paternity Leave
<input type="checkbox"/>	Parent Leave
<input type="checkbox"/>	Others

(\* Please give details under remark section)

REMARKS: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature/Date

\_\_\_\_\_  
Direct Manager's Signature/Date

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NAME: \_\_\_\_\_ DEPT: \_\_\_\_\_

Your leave applied for \_\_\_\_\_ days from \_\_\_\_\_ to \_\_\_\_\_  
has been approved.

Total No. of Leave Left: \_\_\_\_\_ Days

\_\_\_\_\_  
Endorsed by HR Director

(Staff required to fill up this portion and it will be returned to staff after HR Director endorsed it)

- Staff are advised to apply leave at least 2 weeks in advance
- Urgent leave will only be approved for good reason