



BAWJIASE AREA RURAL BANK PLC

Employee Leave Request Form

Name: _____ Agency/Dept: _____
Phone Number: _____ Grade: _____
Date of Employment: _____ Confirmed ---- Not Confirmed ---- Position: _____

LEAVE REQUESTED:

- Annual Leave Sick Leave Unpaid Leave Examination Leave (with timetable)
 Maternity Leave Compassionate Leave Casual Leave

ENTER MONTH – THEN MARK CALENDAR BOXES X FOR EACH DAY OF LEAVE
OR / FOR EACH HALF DAY

MONTH	30	31	1	2	3	4	5	6	7
8	9	10	11	12	13	14	15	16	17
19	20	21	22	23	24	25	26	27	28
30									

MONTH	1	2	3	4	5	6	7	8	9
10	11	12	13	14	15	16	17	18	19
21	22	23	24	25	26	27	28	29	30

Employee's Signature _____

APPROVAL:

Recommendation by Supervisor/HoD:

Supervisor/HoD's Name: _____ Signature: _____

HR's Recommendation: _____

HR Signature: _____ Date: _____

CEO'S Comments: _____

CEO 's Signature: _____ Date _____