



# BAWJIASE AREA RURAL BANK PLC

## Employee Leave Request Form

EMPLOYEE INFORMATION:

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

Leave Entitlement \_\_\_\_\_

Leave Days Outstanding \_\_\_\_\_

No. of Days Requesting for \_\_\_\_\_

Name of Relieving Officer \_\_\_\_\_

Reliever's Signature \_\_\_\_\_

Date of Resumption \_\_\_\_\_

Days Taken (**For HR Use Only**) \_\_\_\_\_

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
18	19	20	21	22	23	24	25	26	27
28	29	30							

MONTH	1	2	3	4	5	6	7	8	9
10	11	12	13	14	15	16	17	18	19
20	21	22	23	24	25	26	27	28	29
30	31								

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: \_\_\_\_\_

**\*\* This form must be submitted One Week to the intended leave date**