 EPSCS-FR-OP06 ver 2

160 ROBINSON ROAD #10-09 SBF CENTRE SINGAPORE 068914 TEL: (65) 6323 5240 FAX: (65) 6323 5239

LEAVE APPLICATION FORM

# PERSONAL PARTICULARS

NAME : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CONTACT TEL. NO: \_\_\_\_\_\_\_\_\_\_

POSITION / CLIENT : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# TYPE OF LEAVE

TYPE OF LEAVE : PLEASE TICK APPROPRIATELY

* ANNUAL LEAVE
* UNPAID LEAVE
* SICK LEAVE
* MATERNITY LEAVE
* CHILDCARE LEAVE
* OTHERS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### **REASON** : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

### \_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**LEAVE PERIOD APPLIED FOR:**

|  |  |  |  |
| --- | --- | --- | --- |
| **FROM** | **TO** | **NO. OF DAYS** | AM/PM |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

###### APPLICANT’S SIGNATURE : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

###### DATE : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# APPROVAL

## ***FOR OFFICIAL USE***:

## **ANNUAL LEAVE STATUS**

ACCUMULATED AS AT END OF LAST YEAR : \_\_\_\_\_\_\_\_

CURRENT YEAR’S ENTITLEMENT : \_\_\_\_\_\_\_\_

SUB- TOTAL : \_\_\_\_\_\_\_\_

LEAVE TAKEN IN CURRENT YEAR : \_\_\_\_\_\_\_\_

NUMBER OF DAYS APPLYING : \_\_\_\_\_\_\_\_

BALANCE LEAVE TO DATE : \_\_\_\_\_\_\_

**REVIEWED BY :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NAME :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DATE OF REVIEW :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

* LEAVE IS APPROVED
* LEAVE IS NOT APPROVED

SIGNATURE : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

APPROVED BY : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE APPROVED : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

REMARK : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_