AUGMENTED TECHNOLOGY SDN BHD
APPLICATION FOR LEAVE
(TO BE SUBMITTED 3 DAYS BEFORE)

Name : Muhammad Syarifudin B. Nizam   Designation : practical

PLEASE INDICATE TYPE OF LEAVE APPLIED FOR :

I wish to apply for : 1 day (s)

☐	Annual Leave	☐	Maternity Leave
☐	Advance Leave	☐	Paternity Leave
☐	No Pay Leave	☐	Compassionate Leave
☐	Medical Leave (MC Enclosed/Not Enclosed)		
☑	Other Leave (please specify) appointment		

Reason : Appointment with doctor

To commence from 2/4/2018 to : —

Person to consult in my absence : _____   Tel No. : 012-4052733

I will report to work on : 3/4/2018

28/3/2018
Date of Application

Syfuddin
Signature of Applicant

FOR RECOMMENDATION AND APPROVAL

No of Leave : 1 day (s)

Leave From : 2/4/2018 To : —

Recommended By : _____

Name : HABIBAH ABD. RAHIM

Date : 28/3/2018

Approved By : _____
Director

Name : _____

Date : _____

FOR ADMIN & FINANCE

Leave C/F : _____

Leave entitlement for year 201__ : _____

Leave taken for year 201___ : _____

Leave applied for : _____

Balance leave for the year : _____

Checked by : _____

Name : _____

Date : _____

Revision : 0
Date : 10/8/2017