

SOIL MERCHANTS (K) LIMITED

LEAVE APPLICATION FORM

PART I: (To be completed by applicant)

NAME: _____

Salary per month Kshs. _____ Designation _____

No. of Days Applied _____ From _____ To _____

Year Leave Applied _____

Applicants Signature _____

PART II: (To be completed by Manager)

Delete where not applicable.

Leave approved Days _____ From _____ To _____

Leave not approved: Reason:

Signed by Manager _____

Date _____

PART III: (To be completed by the Accounts Dept.)

Balance after last Leave _____

Leave now earned _____ Ending on _____

Leave paid Kshs. _____

DATE: _____

SIGNED BY: _____

ACCOUNTANT.

NOTE: You can be recalled if need arises