



## LEAVE REQUEST FORM

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

STAFF ID: \_\_\_\_\_

DEPT: \_\_\_\_\_

I hereby apply for

Annual

Casua  
Leave

Other  
Leave :Please  
specify \_\_\_\_\_

Start Date: \_\_\_\_\_

End Date: \_\_\_\_\_

No. of days  
Taken \_\_\_\_\_

No of Days  
Outstanding \_\_\_\_\_

Employee's Signature \_\_\_\_\_

Date \_\_\_\_\_

Employee's Designation \_\_\_\_\_

Official  
Use Only

Line Manager's Approval

Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Period of Leave approved \_\_\_\_\_