

LEAVE REQUEST FORM

NAME: _____ STAFF ID: _____ DEPT: _____

I hereby apply for

☐

Annual

☐

Casual
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 _____