

Leave application form

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| **Employee name:** | |
| **Position:** | |
| I wish to apply for leave as follows: | Enter the total number of working days taken |
| Annual leave |  |
| Medical leave |  |
| Family responsibility leave |  |
| Maternity leave |  |
| Study leave |  |
| Other (specify): |  |
| **Leave dates**  From (date on which first day of leave begins): To (date on which the last day of leave falls): | |
| **Leave approved:** Yes No | |
| **Comments/Motivation** | |
| **Signatures**  Employee signature Date Manager signature Date | |
| **For office use** | |
| Year: 2020  Number of leave days owing:  Number of leave days taken (on this application): Balance owing: | |