

(Licence No. C657001I)

243-B Victoria Street
Bugis Village
Singapore 188031
Phone: (65) 6338-8900
Fax: (65) 6338-8902

Leave Application Form

I, _____, NRIC _____, under the company
(Name) (NRIC No.)

_____, reporting to _____,
(Your Company) (Your manager's name)

wish to apply for _____ days of leave from _____ to _____ for
(No. of days) (start date) (end date)

the following reason(s):

Type of Leave Requested (Please tick):

- ☐ Annual
- ☐ Medical
- ☐ Maternity / Paternity
- ☐ Reservist / Military
- ☐ Compassionate
- ☐ Unpaid
- ☐ Others

Applicant's Signature

Date

For Official Use

Approved

Rejected

Signed By: _____

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Name: _____

Date: _____