

App. Date

LEAVE APPLICATION FORM

1) Personal Information

Name				Employee No.
Company	Site	Department	Mobile No	Designation

2) Leave Type (please check the applicable box)

Annual ☐ Casual ☐ No Pay ☐ Paid ☐
Half Day ☐ If half day, please specify: Morning ☐ Afternoon ☐
Lieu Leave ☐ If Short Leave, please specify: Morning ☐ Afternoon ☐

3) Leave Date(s)

From

D	D	M	M	Y	Y

 to

D	D	M	M	Y	Y

 No. of Day(s)

--	--	--	--	--	--

4) Reason ☐ Private ☐ Sick ☐ Other (please specify) _____

5) Acting Officer Name _____ Signature _____

Applicant Signature

Leave Approving Authority's
Signature & Name

Date

HR Office Use Only

Leave Entitlement : Annual

--	--	--

 Days Casual

--	--	--

 Days

Leave Taken: Annual

--	--	--

 Days Casual

--	--	--

 Days
(incl. above)

Leave balance: Annual

--	--	--

 Days Casual

--	--	--

 Days

No Pay

--	--	--

 Days

Verified by: Name _____ Signature _____

- Leave Application Form should be completed in full and submitted to the HR Department.
- All leave must be taken with prior approval from the relevant Divisional Head or Supervisor (in his/her absence the next in line.) Acting arrangements should be made in advance.
- Sick Leave should be supplemented with a recognized medical practitioners Medical report.
- Application for Maternity Leave must be submitted to HRD Division at least two months in advance.

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