

Applicant Information		Date of Submission:	
Employee Name:		Emp. ID No.:	
Designation:		Department:	
Contact details while on leave:			

Leave Details					
Start Date		End Date		Total No. Days	
Time		To			
Leave Charged as Follow (tick one)	<ul style="list-style-type: none"> • Annual Leave • Sick Leave • Hospitalization Leave • Unpaid Leave • Replacement Leave • Others (please specify) 				
Reason					

Reliever Details			
Reliever Name		Reliever Department	
Remarks (if any)			

Applicant	HOD Approval	Category:
		<p>Operators/Line Leaders/Technicians -By Supervisors</p> <p>Clerical/Supervisor/Sr. Supervisor/Executives -By Dept Head</p> <p>Managerial Level -By Director</p>

Signature & Date	Signature & Date	Director Level -By GM/Shareholder
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To be Filled by HR Department Only			
Annual Leave		Other Leaves	
Leave Entitlement		Casual Leave	
Leave Taken		Maternity Leave	
No. of days requested		Unpaid Leave	
Balance Leave		Others	
Remarks			

HR Approval	Management Approval
Signature & Date	Signature & Date

Note:

1. The Leave Application Form has to be submitted to the Human Resource Department at least one week in advance for short leave and one month in advance for long leave.