

LEAVE APPLICATION FORM

Application Date

Employee Number

First Name	Last Name	Designation
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LEAVE COMMENCEMENT

TYPE OF LEAVE

Annual Sick Maternity LWOP Day In Lieu

No. of Days From To

AM PM

Replacement during Absence, if applicable			
Contact Address during Leave (including telephone number)			
Name of Employee (In Block Letters)		Signature of Employee with Date	

For H. R DEPARTMENT (to be completed on validation of the leave form)

No. of Leave Days Entitled / Accumulated		No. of Leave Days Approved		Remaining Balance of Leave days	
Date of Joining	Passport Expiry	Labour Card Expiry	Visa Expiry	Due Ticket Date	Destination
Ticket Entitlement <input type="checkbox"/> 1 Year <input type="checkbox"/> 2 Year			Ticket Details <input type="checkbox"/> Company <input type="checkbox"/> Own Ticket <input type="checkbox"/> Cash Payment		

Name of H.R. Manager (In Block Letters)		Signature of H.R. Manager with Date	
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Management Approvals

Name of Line Manager (In Block Letters)		Signature of Line Manager with Date	
Name of Department / Functional Manager (In Block Letters)		Signature of Department / Functional Manager with Date	