



EMPLOYEE LEAVE APPLICATION FORM

1. NAME OF EMPLOYEE: SENZIGHE HATIBU G

PAYROLL NO: GVL/001

BRANCH/DEPARTMENT: OPERATIONS

2.No Of Days applied for From..... To.....
3.To report back on
4.Balance of leave days brought forward.....
This years entitlement.....
Days remaining after this application.....
Person to relieve the applicant while on leave.....
Name.....Job Title.....
Applicant's contact address while on leave:.....
Telephone No.....Alternative Phone No.....
Signature of applicant.....
Leave Recommended/Rejected by:
Name.....Signature.....
Leave Approved/Rejected by:
Name.....Signature.....

Employee's Declaration

I hereby confirm that i have taken my annual leave and further agree that i have no claim against the company for any outstanding dues or days in lieu of my annual leave to (month)
.....(Year).....Signature.....
(Date).....

(Incase your services are required,you will be called back prior to completion of your leave)