

EMPLOYEE LEAVE APPLICATION FORM

1.NAME OF EMPLOYEE: FRED KAIRU

ID NO:
PAYROLL NO: INTGR1297
JOINING DATE: 01-01-1970
BRANCH/DEPARTMENT:
2.No Of Days applied for From To
4.Balance of leave days brought forward
This years entitlement
Days remaining after this application
Person to relieve the applicant while on leave
NameJob Title
Applicant's contact address while on leave:
Telephone NoAlternative Phone No
Signature of applicant
Leave Reccommended/Rejected by:
NameSignature
Leave Approved/Rejected by:
NameSignature
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)
(Date)
(Incase your services are required, you will be called back prior to completion of your leave)

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