

EMPLOYEE LEAVE APPLICATION FORM

1.NAME OF EMPLOYEE: SENZIGHE HATIBU G

ID NO: 20999573

PAYROLL NO: GVL/001 JOINING DATE: 01-09-2005

BRANCH/DEPARTMENT: OPERATIONS

	То
Job T	- itle
ave:	
	Alternative Phone No
Signature	
Signature	
nnual leave a	and further agree that i have no claim against the company
ı of my annua	al leave to (month)
Signature	
	n leaveJob Tave:Signature

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