cid:3372401738_461105

Leave Requisition Form

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Employee Name:** | Click here to insert name |  | **Date of request:** | 2014-10-17 |

**Type of Leave:**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | Annual |  | Family Responsibility |  | Maternity/Paternity | |  | Sick |
|  |  | Study |  | Unpaid |  | Other | If other, please specify | | |

**Effective Dates:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Start date: | Select Date |  | End Date: | Select Date |  | Number of days: | Select Date |
| Start date: | Select Date |  | End Date: | Select Date |  | Number of days: | Select Date |
| Start date: | Select Date |  | End Date: | Select Date |  | Number of days: | Select Date |

If Sick leave, Doctor’s note provided? Yes No

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Comments: | |  | | | |
|  |  | | | |
|  | |  | Click here to enter a date |
| Employee signature | |  | Date |

## Manager Approval

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Approved |  | Not approved |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Remarks: |  | | | |
|  |  | | | |
|  | |  | Click here to enter a date |
| Manager signature | |  | Date |