**EMPLOYEE LEAVE REQUEST FORM**

Company: [Company Name] Department: Human Resources Form ID: LR-2025-001---

**EMPLOYEE INFORMATION**Full Name:

Employee ID:

Department:

Position/Title:

Direct Manager:

Contact Phone:Email Address:

---**LEAVE REQUEST DETAILS**Leave Type: (Check one)

Annual Leave  Sick Leave  Personal Leave  Maternity/Paternity Leave  Emergency Leave  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Leave Duration:** Full Day(s)  Half Day - Morning  Half Day - Afternoon  Hours: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Leave Dates:**From: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (MM/DD/YYYY) To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (MM/DD/YYYY) Total Days Requested: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Return to Work Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (MM /DD/YYYY)---

**REASON FOR LEAVE**Detailed Reason: (Required for sick leave and emergency leave)

**COVERAGE ARRANGEMENTS**Work Coverage During Absence:Covering Employee:Contact Information:Project/Task Handover Notes:

**ATTACHMENTS** Medical Certificate (for sick leave > 3 days)  Supporting Documents  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_---***EMPLOYEE DECLARATION*I hereby request the above leave and confirm that:All information provided is accurate and completeI understand the company leave policyI will provide any additional documentation as requiredI understand this request is subject to management approval**Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_---

**FOR HR USE ONLY**Leave Balance Before Request:Annual Leave: \_\_\_\_\_\_\_\_ daysSick Leave: \_\_\_\_\_\_\_\_ daysPersonal Leave: \_\_\_\_\_\_\_\_ daysManager Approval:☐ Approved ☐ Denied ☐ Conditionally ApprovedManager Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Manager Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_HR Processing:Processed By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Processed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Leave Reference Number: LR-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Comments**:

Note: Submit this completed form to HR at least [X] days before your intended leave start date. Emergency leave applications will be processed immediately upon receipt.