

Application for Leave

| Name : | | | | |
|----------------------------|----------------|-----------------|---|--|
| First Date of Leave | | | | |
| Last Date of Leave | | | | |
| Date Returning to Work | | | | |
| Number of Days on Leave | | | | |
| Reason for Leave | Annual Leave | | | |
| | Personal Leave | | | |
| Date Submitted | | | | |
| | | OFFICE USE ONLY | , | |

OFFICE USE ONLY

APPROVED DECLINED

MANGERS SIGNATURE DATE