

## LEAVE APPLICATION FORM

Employee Name:							Employee	Employee ID:	
Company Name:			Department:				Location:	Location:	
Date of Application:			Date of Leave:				Total Leav		
				(DD / MM / YY)	(DD / 1	1M / YY)		ve.	
Employment status of the Applicant:				Contact info (Mandatory)			ormation during leave period:		
∀ Confirmed ∀ On probation						Name:			
Nature of Leave (Please tick the appropri			iate box)						
Casual Medical Earned Materni			ty Extraordi	Addr	ess:				
Recommendation as	s applicabl	ervisor/ CMO/	Phor	Phone/Mobile:					
Head /Director					Ema	Email address:			
						Employee's Signature with Date			
To be Ap	To be Approved by Manager/CBO / Director / Advisor / ED / MD / Vice Chairperson / Chairman								
Name of the Superv	isor:								
(Su	nervisors ar		sted to ensure a	sufficient leave i	is availabl	a hafar	e approving it )		
(Supervisors are requested to ensure sufficient leave is available before approving it.) Leave Recommended (Please tick the appropriate box): ∀ With pay ∀ Without pay									
	-	ise tick	the approp	riate box):	∀	With p	ay ∀V	Vithout pay	
Leave Recommen	-	ise tick	the approp	riate box):	∀	With p	ay ∀V	Vithout pay	
Leave Recommen Number of days leave enjoyed	-		the approp	riate box): Medical	∀ Mater		ay ∀ V Extraordinary	Vithout pay Family vacation	
Leave Recommen Number of days	ded (Plea Casi	ual	Earned	-	Mater	nity	Extraordinary	Family	
Leave Recommen Number of days leave enjoyed	ded (Plea Cası	ual days	Earned	Medical days	Mater	nity days	Extraordinary days	Family vacation days	
Leave Recommen Number of days leave enjoyed previously:	ded (Plea Cası	ual days	Earned	Medical days	Mater	nity days	Extraordinary days	Family vacation days	
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