



## LEAVE APPLICATION FORM

|                      |                                    |              |
|----------------------|------------------------------------|--------------|
| Employee Name:       |                                    | Employee ID: |
| Company Name:        | Department:                        | Location:    |
| Date of Application: | Date of Leave:                     | Total Leave: |
|                      | (DD / MM / YY)      (DD / MM / YY) |              |

**Employment status of the Applicant:**

Confirmed    On probation

Nature of Leave (Please tick the appropriate box)

|        |         |        |           |               |                    |
|--------|---------|--------|-----------|---------------|--------------------|
| Casual | Medical | Earned | Maternity | Extraordinary | Family<br>Vacation |
|--------|---------|--------|-----------|---------------|--------------------|

**Recommendation as applicable: Supervisor/ CMO/CBO/ Dept. Head /Director**

Contact information during leave period: (Mandatory)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone/Mobile: \_\_\_\_\_

Email address: \_\_\_\_\_

\_\_\_\_\_  
Employee's Signature with Date

To be Approved by Manager/CBO / Director / Advisor / ED / MD / Vice Chairperson / Chairman

**Name of the Supervisor:**

(Supervisors are requested to ensure sufficient leave is available before approving it.)

**Leave Recommended (Please tick the appropriate box):**

With pay

Without pay

**Number of days leave enjoyed previously:**

| Casual    | Earned    | Medical   | Maternity | Extraordinary | Family<br>vacation |
|-----------|-----------|-----------|-----------|---------------|--------------------|
| .....days | .....days | .....days | .....days | .....days     | .....days          |

Supervisor's Comments (If any).....

Date: .....

Signature: .....

To be Approved by Director Human Resource (As Applicable)

**Leave sanctioned (please tick the appropriate box):**

With pay

Without pay

Remarks: .....

Date: .....

Signature.....

### Applicants Copy

Date of Leave: .....

Signature: .....

Date of Received: .....

Employee ID: .....