



LEAVE APPLICATION FORM

NAME
 COMPANY
 EMPLOYEE NUMBER

I WISH TO APPLY FOR LEAVE AS FOLLOWS:

TYPE OF LEAVE	✓	NUMBER OF DAYS
ANNUAL		
SICK		
UNPAID		
FAMILY RESPONSIBILITY		
STUDY		
BONUS		
RELOCATION		
OTHER		

SPECIFY OTHER

ADDRESS WHILE ON LEAVE	
TELEPHONE NUMBER	

LEAVE PERIOD

FROM TO
 NB: BOTH DATES INCLUSIVE

SIGNED DATE
 EMPLOYEE

APPROVED DATE
 MANAGER