

ENADLOVEE NO		l	
LIVIT LOTEL NO.		l	

EMPLOYEE LEAVE APPLICATION FORM

A. EMPLOYEE'S DETAILS					
First Name:		1			
Surname:	Mr./Mrs./Miss]			
B. APPLICATION FOR LEAVE					
I hereby apply for leave from the:	to:				
Date returning to work:	Number of days:				
C. TYPE OF LEAVE REQUIRED					
Mark with a X					
Annual					
Annual Accrued					
Sick					
Family Responsibility					
Unpaid					
Study					
Business					
Other					
Motivation for leave if not annual leave:					
D. EMPLOYEE SIGNATURES					
Employee Name:	Employee Signature:]			
Date D D M M Y Y Y		-			
E. MANAGER					
Manager Name:	Manager Signature:]			
Date D D M M Y Y Y	Approved YES NO	-			
Reason for not Approving the leave requested:					
F. LEAVE DUE PRIOR TO THIS APPLICATION					
Accrued days to be taken by	Current days]			
HR Name:	HR Signature:]			

D D

Date