

EMPLOYEE LEAVE APPLICATION FORM

A. EMPLOYEE'S DETAILS

First Name:

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**

Motivation for leave if not annual leave:

D. EMPLOYEE SIGNATURES

Employee Name:

Employee Signature:

Date

E. MANAGER

Manager Name:

Manager Signature:

Date

Approved

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:

Date