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| **LEAVE APPLICATION FORM** |

I, , NRIC , under the company

 *(Name) (NRIC No.)*

 , reporting to , *(Your Company) (Your manager’s name)*

wish to apply for days of leave from to for

 *(No. of days) (start date) (end date)*

the following reason(s):

Type of Leave Requested (Please tick):

Annual

Medical

Maternity / Paternity

Reservist / Military

Compassionate

Unpaid

Others

Applicant’s Signature Date

|  |
| --- |
| **For Official Use** |
| Approved | Rejected |

Signed By:

Name: Date: