**LEAVE APPLICATION FORM**

I, \_\_\_\_\_\_, ID No \_\_\_\_\_\_\_\_ , under the company

*(Name) (ID No.)*

, reporting to \_\_\_\_ \_\_\_\_\_\_

*(Your Company) (Your direct supervisor’s name)*

wish to apply for \_\_ days of leave from \_ \_\_\_\_ to

*(#. of days) (start date) (end date)*

For the following reason(s):

\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_

\_\_\_\_\_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **LEAVE REQUEST** | | | | | |
|  |  | **Remaining Allocation** | **Taken** | **Remaining** | **Remarks** |
| 🞏 | Personal |  |  |  |  |
| 🞏 | Sick |  |  |  |  |
| 🞏 | Planned |  |  |  |  |
| 🞏 | Vacation |  |  |  |  |
| 🞏 | Maternity |  |  |  |  |
| 🞏 | Other: |  |  |  |  |

Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HR Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| **HOW TO SUBMIT LEAVE PERMISSION** | |
| 1. | Employee has to submit leave application form at least 14 days prior to leave taken |
| 2. | Leave application must be verified by HR |
| 3. | Verified application will be taken to direct superior |
| 4. | The original application will be given back to HR. Employee will be given a copy |