**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):

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

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

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

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

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

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

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

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| **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 |