



## LEAVE REQUEST FORM

Name of the Employee:		CID No:	
Date of request:			
Category of Leave Requested (please tick)			
Casual <input type="checkbox"/>	EOL <input type="checkbox"/>	Maternity <input type="checkbox"/>	Medical <input type="checkbox"/>
Earned <input type="checkbox"/>	Bereavement <input type="checkbox"/>	Paternity <input type="checkbox"/>	Study <input type="checkbox"/>
Reason for leave:			
Start date:	End date:	No. of days:	
Address during leave:			
Phone no. during leave:			
Employee signature:	Date:		

### FOR OFFICIAL USE (please tick)

Approved	Not Approved

Signature & Date of Approving Authority:	Remarks (if any):

**Note:** The leave form must be submitted at least three days before going on leave unless it is an emergency situation.