



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.