**LEAVE APPLICATION FORM**

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| --- | --- |
| * Date |  |
| * Name |  |
| * Position |  |
| * Department |  |
| * Leave period |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **LEAVE REQUEST** | | | | |
| Type of Leave | Remaining Allocation | Taken | Remaining | Authorized signature |
| * Annual Leave |  |  |  |  |
| * Sick |  |  |  |  |
| * Emergency |  |  |  |  |
| * Maternity/Paternity |  |  |  |  |
| * Unpaid |  |  |  |  |
| * Others (Please Specify) |  |  |  |  |

Employee Signature: Date Signed:

|  |
| --- |
| **FOR OFFICIAL USE ONLY** |

Submitted To: Approved By:

Date Approved:

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| **HOW TO SUBMIT LEAVE REQUEST** |
| 1. Employee has to submit this Leave Application Form to the Admin 2. Verified Application will be directed to the Authorized Approver 3. The original approved copy will be given back to HR, and employee will be given a copy |