**LEAVE APPLICATION FORM**

NAME **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

DESIGNATION **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

ADDRESS **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

TEL No. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Type of Leave | Number of Working  Days | From  First Day | To  Last Day | Remarks |
| Annual |  |  |  |  |
| Sick |  |  |  |  |
| Maternity |  |  |  |  |
| Family |  |  |  |  |
| Special \* |  |  |  |  |
| Unpaid |  |  |  |  |

**\* See Leave Policy Item 2.8 for definitions**

Signature of Applicant: ……………………… Date: …………… …………

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| RECOMMENDED | YES | NO | ……………………… | SIGNATURE  FOREMAN/SUPERVISOR |

Date:…………………………………………PRINTNAME………………………………………………….

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| APPROVED | YES | NO | ………………………… | SIGNATURE  MANAGER/  DIRECTOR |