

Leave Request Form

Leave Information

Employee Name _____

Date _____

Manager/ Superior Reporting to _____

Type of Absence Requested (Please choose the relevant reason)

- Annual leave
- Sick leave
- Maternity Leave
- Family Responsibility leave
- Unpaid Leave
- Others - Please Specify : _____

Dates of Absence From: _____ To: _____

Supplementary Information:

You must seek approvals for leaves, other than sick leave, 14 days prior to your first day of absence
Any sick leave in excess of 2 days must be accompanied by a doctor's letter
The employer has the right to request supporting documentation when family responsibility leave is applied for.

Employee's Signature Date:

Manager/Supervisor Approval

- Approved
- Rejected

Comments:

Manager/Supervisors Signature Date: