## Leave Application Form

BRIGHTON COLLEGE
ABU DHABI

| This Form should be submitted one month prior to departure | |
|---|---|
| Employee ID: | Date: |
| Employee Name: | |
| Position: | Department: |
| Joining Date: | Nationality: |
| **Type of Leave**<br>**Annual Leave** **Sick Leave** **Emergency Leave** **Unpaid Leave** **Others** _____ | |
| **Leave Details** | |
| Leave Start Date: | Last Day of Work: |
| Leave End Date: | Rejoining Date: |
| **Total Leave Days** _____ | |
| **Address during leave:**<br><br>**Local contact number:** | |
| | |
| **Employee's Signature** | **Head of Department's Signature** |
| | |
| **Head Master's Signature** | **Business Manager's Signature** |

**<u>To be completed by HR Division</u>**

Leave Eligibility _____ Year End _____

Leave Balance (Current as on date) _____ Verified by HR _____

**Division Comments:**