

EMPLOYEE LEAVE APPLICATION FORM

A. TO BE FILLED IN BY EMPLOYEE

Employment Number: _____

Surname: _____

First Name: _____

Section: _____

Location: _____

I would like to apply for ____ day(s) AL/SL/ML/Other. (Please circle appropriate one).

If other, please provide details. _____

COMMENTS:

Employee Signature: _____ **Date:** _____

B. TO BE FILLED IN BY SUPERVISOR

Current Leave Balance:

AL: _____ **SL:** _____ **ML:** _____ **Other:** _____

The above application for leave of ____ day(s) AL/SL/ML/Other has been APPROVED/NOT APPROVED. (Please circle appropriate one).

COMMENTS:

Supervisor's Signature: _____ **Date:** _____

C. ADDITIONAL INFORMATION

Note:

- i. Annual Leave must be applied for in advance of taking leave.
- ii. Sick Leave exceeding 1 day must be accompanied by a medical certificate.
- iii. Applications in the 'Other' category may include sporting leave, unpaid leave, study leave etc. Applications must be accompanied with relevant documents.
- iv. Copies - Original Copy to staff, 2nd copy for personnel file.