
Leave Application Form

1. Employee Details

- Full Name: _____
- Employee ID: _____
- Department: _____
- Position: _____
- Contact Information During Leave:
 - Phone: _____
 - Email: _____

2. Leave Details

- Type of Leave:
 - Annual Leave
 - Sick Leave
 - Maternity/Paternity Leave
 - Emergency Leave
 - Other (Specify): _____
- Reason for Leave: _____
- Leave Duration:
 - From: _____
 - To: _____

3. Work Handover Details

- Tasks Delegated To: _____
- Contact Person: _____

4. Declaration

I request approval for the leave as specified above and confirm that all pending work has been handed over to the appropriate personnel.

- **Applicant's Signature:** _____
- **Date:** _____