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# 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:** \_\_\_\_\_