

# Leave Application Office

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## 1. Applicant Information

- Employee Name: \_\_\_\_\_
- Employee ID: \_\_\_\_\_
- Department: \_\_\_\_\_
- Position: \_\_\_\_\_

## 2. Leave Details

- Type of Leave: \_\_\_\_\_ (Annual, Sick, Maternity, etc.)
- Start Date: \_\_\_\_\_
- End Date: \_\_\_\_\_
- Number of Days: \_\_\_\_\_

## 3. Reason for Leave

- Reason for Leave:  
\_\_\_\_\_
- [ ] Medical Certificate Attached (if applicable)

## 4. Contact Information During Leave

- Contact Number: \_\_\_\_\_
- Alternate Contact: \_\_\_\_\_

## 5. Approval Section

- Supervisor's Approval: \_\_\_\_\_ (Signature)
- HR Approval: \_\_\_\_\_ (Signature)
- Date: \_\_\_\_\_