

Leave Form PDF

Employee Information

- Employee Name: _____
- Department: _____
- Position: _____
- Employee ID: _____

Leave Request Details

- Type of Leave: _____
 - () Annual Leave
 - () Sick Leave
 - () Maternity/Paternity Leave
 - () Other: _____
- Start Date: _____
- End Date: _____
- Total Days Requested: _____

Reason for Leave

- Please Describe the Reason for Leave:

Approval

- Supervisor's Signature: _____ Date: _____
- HR Approval: _____ Date: _____