



LEAVE APPLICATION FORM

Name : _____ Date : _____

Position : _____

Department : _____ Employee No : _____

Please approve absence from work for _____ days, from _____ to _____, inclusive. Reasons for absence _____

I may be contacted at Telephone No : _____

Applicant's Signature

- Annual Leave
- Compassionate Leave
- Public Holiday
- Absent Without Pay
- Maternity
- Others , please Specify : _____

Note : Please submit this application to your Div / Dept Head 7 days in advance. You are not entitled to go on leave until you receive an approved copy of this form.

No. of Days Available	No. of Days Leave Taken	No. of Days Leave Balance	Remarks

Approved / Rejected By
Operation Department

Approved By
General Manager / EAM



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