

---

# Leave Application Form for Employee

---

Employee Name: \_\_\_\_\_

Employee ID: \_\_\_\_\_

Department: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Leave Start Date: \_\_\_\_\_

Leave End Date: \_\_\_\_\_

Total Number of Leave Days Requested: \_\_\_\_\_

Reason for Leave: \_\_\_\_\_

---

Contact Information During Leave:

- Phone Number: \_\_\_\_\_
- Email Address: \_\_\_\_\_

Supervisor/Manager Approval: \_\_\_\_\_

Date of Submission: \_\_\_\_\_

**Instructions:**

- Please fill out all the sections of this form completely and accurately.

- The reason for the leave section should clearly explain the necessity of your leave.
- Ensure your contact information is current to facilitate any necessary communication during your absence.
- Submit the form to your direct supervisor or manager for approval.
- Keep a copy of the form for your records once approved.