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## **Leave Application Form for Office Use**

### **Employee Information**

* Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Employee ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### **Leave Details**

* Type of Leave:
  + Annual Leave
  + Sick Leave
  + Emergency Leave
  + Maternity/Paternity Leave
  + Bereavement Leave
  + Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Reason for Leave: (Provide a brief explanation of the reason for your leave request)
* Duration of Leave:
  + Start Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_
  + End Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_
  + Total Number of Leave Days: \_\_\_\_\_\_\_\_\_\_\_
* Additional Remarks: (Include any additional information or special requests related to your leave)

#### **Approval Section** (For Supervisor/HR Department Use Only)

* Approved by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_
* Remarks: (Optional)

#### **Employee Declaration**

I hereby declare that the information provided above is accurate and complete to the best of my knowledge. I understand that my leave is subject to approval based on the company's leave policy.

* Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_

### **Instructions for Completion:**

* Fill out the Employee Information section with your details.
* Select the Type of Leave you are applying for and provide a Reason for Leave.
* Specify the Duration of Leave with start and end dates, and calculate the total number of leave days.
* Include any Additional Remarks that may be relevant to your leave request.
* Sign the Employee Declaration to confirm the accuracy of the information provided.
* Submit the form to your supervisor or the HR department for approval.