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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)

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- 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)

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

- Approved by: \_\_\_\_\_
- Signature: \_\_\_\_\_
- Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

- Remarks: (Optional)
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### **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: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_
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### **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.