
Leave Request Form PDF

Employee Information

- Full Name: _____
- Position: _____
- Department: _____
- Employee ID: _____
- Contact Number: _____
- Email Address: _____

Leave Details

- Type of Leave: Annual Sick Personal Other: _____
- Start Date: _____
- End Date: _____
- Total Number of Days: _____

Reason for Leave

- Reason: _____
- Additional Information: _____

Approval Section

Approver

Approval

Comments

Signature

Supervisor

Yes

No

Department Head Yes _____
No

HR Manager Yes _____
No

_____ Yes _____
No

Employee Signature

- Signature: _____
- Date: _____