

Staff Absence Leave Form

Employee Details

Full Name: _____

Job Title: _____

Employee ID: _____

Department: _____

Leave Request

Type of Leave (Check one):

Sick Leave

Vacation Leave

Personal Leave

Family Emergency

Other: _____

Leave Start Date: _____

Leave End Date: _____

Total Number of Days: _____

Additional Information

Reason for Leave: _____

Alternative Contact During Leave: _____

Manager's Approval Section

Manager Name: _____

Approval Status: Approved Denied

Manager Signature: _____ Date: _____

Employee Confirmation

I confirm that I have read and understood the company's leave policy.

Employee Signature: _____ Date: _____