GINTELL

HEALTH • LOVE • LIFE

LEAVE APPLICATION FORM

Please completed and submit at least 7 days before leave

Name :	Employee Number :
Division / Department :	Position :

TYPE OF LEAVE (please tick)

	Annual		Replacement		Emergency		Sick		Unpaid		Travel
	Training		Compassionate		Marriage		Maternity		Paternity		Others

LEAVE DURATION

No. of days applied		Starting on : .....to.....	Resume Work on :
Reason for leave			Applicant's Signature
Tel. Contact during leave :			Date :
Leave Disapproved : Supervisor / Manager		*Leave Recommended :* Supervisor / Manager	*Leave Approved :* Dept Head / Manager / Director

FOR (HR) USE ONLY

Total Leave entitlement for this year (current + brought forward)		days
Current entitled & earned leave of this month		days
Less : Leave taken		days
Less : Current Application		days
	Leave Balance	days

Replacement Leave (RL)		Leave Summary Updated By :
Total RL	days	
Less : RL Taken	days	
Less : Current Application	days	
Balance	days	Initial _____ Date _____

Remarks :