



**LEAVE APPLICATION FORM**

Please completed and submit at least 7 days before leave

Name :	Employee Number :
Division / Department :	Position :

TYPE OF LEAVE (please tick)

<input type="checkbox"/>	Annual	<input type="checkbox"/>	Replacement	<input type="checkbox"/>	Emergency	<input type="checkbox"/>	Sick	<input type="checkbox"/>	Unpaid	<input type="checkbox"/>	Travel
<input type="checkbox"/>	Training	<input type="checkbox"/>	Compassionate	<input type="checkbox"/>	Marriage	<input type="checkbox"/>	Maternity	<input type="checkbox"/>	Paternity	<input type="checkbox"/>	Others

LEAVE DURATION

No. of days applied		Starting on :	Resume Work on :
Reason for leave			Applicant's Signature
Tel. Contact during leave :			Date :
<i>Leave Disapproved :</i> Supervisor / Manager	<i>Leave Recommended :</i> Supervisor / Manager	<i>Leave Approved :</i> 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
	<b>Leave Balance</b>	<b>days</b>
Replacement Leave (RL)		Leave Summary Updated By :
Total RL	days	Initial _____ Date _____
Less : RL Taken	days	
Less : Current Application	days	
<b>Balance</b>	<b>days</b>	
Remarks :		