

LEAVE APPLICATION FORM

EMPLOYEE NAME

1. APPLICATION

Leave required:

Sick Leave

Annual Leave

Unpaid leave (please specify): _____

Amount of leave available (check your payslip): _____

Reason for unpaid leave:

Dates for Leave:

Commencement of Leave:

dd month yyyy

Last day of Leave:

Resume work on:

Number of hours/days off:

0 Days

Number of Public Holidays during leave:

0 Days

Total Days' Leave Required:

Attached:

Doctor's certificate

Other supporting documentation, please specify:

2. DECLARATION

I declare this to be a true and accurate record of my absence.

Employee:

Date:

3. AUTHORISATION

Approved: _____

Date:

Copy distributed to pay office