



# LEAVE FORM

<b>Name</b>	<b>Date</b>
<b>Designation</b>	<b>Contact No (During Leave)</b>

**Type of Leave/ Numbers of day;**

Annual Leave	<input type="text"/>	day/s	Marriage Leave	<input type="text"/>	day/s
Emergency Leave	<input type="text"/>	day/s	Unpaid Leave	<input type="text"/>	day/s
Compassionate Leave	<input type="text"/>	day/s	Medical Leave	<input type="text"/>	day/s
Maternity Leave	<input type="text"/>	day/s	Unrecorded Leave	<input type="text"/>	day/s
Paternity Leave	<input type="text"/>	day/s			

**Period;**

From		To	
Day	Date	Day	Date

**Applied By;**

**Approved By;**

**Signature**

**Name**

**Date**


Notes: The Management shall fill the following and a COPY shall be furnished to the Employee upon leave approval.

**Leave Record;**

Description	Accumulated Leave From Previous Year	Current Year's Entitlement	Total	This Leave	Previous Leave Applied	Balance To Date
Annual/ Emergency Leave						
Compassionate Leave						
Maternity/ Paternity Leave						
Marriage Leave						
Unpaid Leave						
Medical Leave						
Unrecorded Leave						

**Summarise By:**