



APPLICATION FOR LEAVE

Nature of Leave (just tick one): ANNUAL COMPASSIONATE MATERNITY
SICK LEAVE LEAVE WITHOUT PAY HOLIDAY OTHER LEAVE

Employee name: _____

Position: _____ Branch/Div./Dept: _____

Date of Commencement: _____ Date of filing: _____

Leave Period Applied for: From _____ to _____ No. of days _____

Other Reasons: _____

Important Notes: For all kind of leaves, except for Annual and Maternity, there must be attachment/s to support the application in order to be approved, e.g. Medical Certificate for Sick Leave; any relevant document for any other leave.

Signature of the Employee

Noted: _____
Signature Immediate Head

HR Remarks:

Leave due date: _____ Leave period entitled: _____

Period of last Leave/Holiday: From _____ to _____ No. of days: _____

Other remarks: _____

Signature HR Rep & Date

Management Action:

Unit/Section Head/Mgr:		Dept./Division Head:	
Approved:	Not approved:	Approved:	Not approved:
Remarks:		Remarks:	
_____		_____	
_____		_____	
_____		_____	
Signature Over Printed Name		Signature Over Printed Name	
Date: _____		Date: _____	

Leave Application Procedure: (1) Applicant to fill up the form; (2) forward to immediate head for notation; (3) forward to HR Office for remarks; (4) forward to unit/sections head for comment/approval; (5) forward to division head for final decision; (6) return to HR Office for appropriate actions.