



**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:**

<b>Unit/Section Head/Mgr:</b>		<b>Dept./Division Head:</b>	
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.