

Leave Request Form

Leave Information PART - A

Employee Name		
Department		
HOD /Manager Reporting to		
Type of Absence Requested (Please choose the relevant reason)		
<input type="checkbox"/> Sick <input type="checkbox"/> Bereavement <input type="checkbox"/> Time Off without pay <input type="checkbox"/> Personal Leave <input type="checkbox"/> Maternity/Paternity <input type="checkbox"/> Others – Please Specify : _____		
Dates of Absence	From : _____	To : _____

Reasons for Absence:

You must seek approvals for leaves, other than sick leave, 2 days prior to your first day of absence

_____ Employee's Signature	Date : _____
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HOD /Manager Approval

<input type="checkbox"/> Approved <input type="checkbox"/> Rejected	
_____ HOD/Manager's Signature	Date: _____

Comments:

PART - B

<input type="checkbox"/> Approved <input type="checkbox"/> Rejected	
Send one copy to HOD <input type="checkbox"/> , send one copy to Account Head <input type="checkbox"/> and put one copy in file <input type="checkbox"/>	
Check He/She is avail for this leave : Yes <input type="checkbox"/> NO <input type="checkbox"/>	

_____ HR Department. Signature	Date: _____
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