

<b>Company Name</b> 	<b>Leave Application</b>	<b>Document No:</b>
		<b>Rev. No. :</b> <b>Date :</b>

Employee Name : \_\_\_\_\_

Employee Code : \_\_\_\_\_

Department. : \_\_\_\_\_

Type of leave requested :  casual     Sick     Others

\_\_\_\_\_

Date of Leave : From \_\_\_\_\_ To \_\_\_\_\_

Total Number of Days : \_\_\_\_\_

Reason for Application : \_\_\_\_\_

\_\_\_\_\_

You must submit requests for absences, other than sick leave, seven days in advance and please attach supportive document for sick leave.

Date:

Signature of Applicant:

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**Reporting Manager's Approval**

Approved

Rejected

Comments:

\_\_\_\_\_

Date:

Manager Signature: