

***Company Logo Here***

**Company Name Here**

***Postal Address Here***

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| **Leave Application Form** | |
| **Employee Name** | **Department:** |
| **Designation:** | **Employment Number:** |
| **Reason for Requested Leave:** | |
| Sick  Bereavement  Unpaid Leave  Personal Leave  Maternity/Paternity  Other | |
| **Dates Requested: Leave From: To:** | |
| **Employee’s Signature:** | |
| **Date:** | |
| **Manager/Supervisor Approval:**    Approved:  Rejected: | |
| **Important Comments:** | |