**[Company Name]**  
[Department Name]

Date: [DATE]

**Employee Details:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |  | | |
| **Employee ID:** |  | **Department:** |  |
| **Position:** |  | **Contact Number:** |  |

**Leave Details:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Type of Leave:** | Annual Leave | Sick Leave | | Maternity/Paternity Leave | | Compassionate Leave |
| Unpaid Leave | Other (Please specify): | | | |  |
| **Reason for Leave:** |  | | | | | |
| **Leave Start Date:** | [DATE] | | **Leave End Date:** | | [DATE] | |
| **Total No. of Days:** |  | |  | |  | |

**Work Handover:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Handover to:** | [Name & Position] | | |
| **Contact Number:** | [Contact] | [Contact] | [Contact] |
| **Handover Details:** |  | | |

**Employee Signature:**

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: | (DD/MM/YYYY) |

**Approval:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Supervisor/Manager Name:** | [NAME] | | |
| **Position:** |  | **Comments:** |  |
| **Signature:** |  | **Date:** | [DATE] |

**HR Department:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Processed by:** |  | | |
| **Position:** |  | **Comments:** |  |
| **Signature:** |  | **Date:** | [DATE] |

**Notes:**

* Attach any supporting documents if required.
* Submit this form to the HR department at least [X] days in advance.
* For sick leave, a medical certificate might be required.