**Employee Information:**

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: |  | | |
| Employee ID: |  | Department: |  |
| Job Title: |  | Contact Number: |  |
| Email Address: |  | | |

**Leave Details:**

|  |  |  |  |
| --- | --- | --- | --- |
| Type of Leave: | [ ] Annual Leave [ ] | [ ] Sick Leave | [ ] Casual Leave |
| [ ] Maternity/Paternity Leave | [ ] Bereavement Leave | Other: |
| Leave Start Date: |  | Leave End Date: |  |
| Total Number of Days: | |  |  |

**Reason for Leave:**

|  |
| --- |
|  |
|  |
|  |

**Contact Information during Leave:**

|  |  |  |  |
| --- | --- | --- | --- |
| Phone: |  | Email: |  |

**Work Handover Details:**

|  |  |  |  |
| --- | --- | --- | --- |
| Handover To: |  | | |
| Job Title: |  | | |
| Contact Number: |  | Email Address: |  |
| Handover Notes: |  | | |

**Employee Signature & Date:**

**For Office Use Only:**

|  |  |  |
| --- | --- | --- |
| **Approved By** | **Date** | **Comments** |
|  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Employee ID: |  | Department: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Leave Balance Before Application:** |  | **Leave Balance After Application:** |  |

**HR Manager's Signature:**

**Date:**

**Terms and Conditions:**

1. Leave requests must be submitted at least [specific number] days in advance, except in cases of emergency.
2. Approval of leave is subject to management discretion and company policy.
3. All company assets and responsibilities must be properly handed over before the leave starts.

Feel free to adjust this form according to your organization’s policies and requirements.