**Personal Leave Request Form**

*(For non-medical, non-vacation personal reasons)*

1. **Employee Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **Employee Name:** |  | | |
| **Employee ID:** |  | **Department:** |  |
| **Position/Title:** |  | **Supervisor/Manager:** |  |

**B. Leave Details**

**Type of Leave Requested:**  
☐ Personal Leave (Non-medical, Non-vacation)

**Reason for Leave (general explanation only):**

|  |
| --- |
|  |
|  |

*(Note: Detailed personal information is not required. A brief general reason is acceptable.)*

**Leave Start Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_  
**Leave End Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_

**Total Number of Days Requested:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Will you be reachable during leave?  
☐ Yes ☐ No  
If yes, Contact Number/Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**C. Work Coverage Plan**

**Tasks to be completed before leave:**

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**Work delegated to (name/position):**

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**Notes for Supervisor/Team:**

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**D. Employee Declaration**

I certify that the above information is accurate and that this request is for personal reasons not related to medical or vacation leave. I understand that approval is subject to company policies and operational needs.

**Employee Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_

**E. Supervisor/Manager Review**

**Supervisor Comments:**

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|  |

**Decision:** ☐ Approved ☐ Denied

|  |  |  |  |
| --- | --- | --- | --- |
| **Supervisor Name:** |  | **Signature:** |  |
| **Date:** |  |  |  |

**F. HR Use Only**

**HR Notes:**

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|  |

**Recorded in HR System:**  
☐ Yes ☐ No

|  |  |  |  |
| --- | --- | --- | --- |
| **HR Representative Name:** |  | **Signature:** |  |
| **Date:** | \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_ |  |  |