**Religious Leave Request Form**

*For absences due to religious observances or holidays*

1. **Employee Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Employee Name |  | Employee ID / Code |  |
| Job Title |  | Department |  |
| Supervisor / Manager |  | Contact Number |  |
| Email |  | | |

1. **Leave Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Religious Holiday / Observance |  | Date(s) Requested | From:  To: |
| Total Number of Days Requested | [X] days | Is this an annual or recurring observance? | ☐ Yes    ☐ No |
| Is this leave fully or partially required? | ☐ Full Day    ☐ Partial Day (specify hours): \_\_\_\_\_\_\_\_\_\_ | | |

**C. Explanation / Additional Information**

*(Optional, if you wish to provide context)*

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

1. **Coverage & Work Plan**

|  |  |  |  |
| --- | --- | --- | --- |
| Will you complete your pending tasks before leave? | ☐ Yes    ☐ No | Will a colleague cover your duties during your absence? | ☐ Yes    ☐ No |
| If yes, name of colleague |  | | |

**E. Employee Declaration**

I hereby request leave for the religious observance mentioned above. I confirm that the information provided is accurate and understand that approval is subject to company policy.

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

**F. Supervisor / Manager Review**

|  |  |  |  |
| --- | --- | --- | --- |
| Supervisor’s Remarks |  | Recommendation | ☐ Approved    ☐ Denied |
| Supervisor’s Signature |  | Date |  |

**G. HR Use Only**

|  |  |  |  |
| --- | --- | --- | --- |
| HR Remarks |  | Leave Recorded In System | ☐ Yes    ☐ No |
| Final Status | ☐ Approved    ☐ Denied | HR Officer Name & Signature |  |
| Date |  | | |