**Employee Leave Application Form**

**Company Name**

|  |  |  |  |
| --- | --- | --- | --- |
| **Department:** |  | **Date:** |  |

**Employee Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **Employee Name:** |  | **Employee ID:** |  |
| **Position/Job Title:** |  | **Contact Number:** |  |

**Leave Details**

**Type of Leave Requested:**

|  |  |  |  |
| --- | --- | --- | --- |
| ☐ Casual Leave | ☐ Sick Leave | ☐ Annual Leave | ☐ Emergency Leave |
| ☐ Maternity/Paternity Leave | ☐ Other: |  |  |

**Reason for Leave:**

|  |
| --- |
|  |
|  |

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Leave End Date:** |  | **Total Number of Days Requested:** |  |

**Work Handover (If Applicable)**

**Tasks to Be Handed Over:**

|  |
| --- |
|  |
|  |

**Person Responsible During Absence:**

|  |
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|  |
|  |

**Employee Declaration**

I confirm that the information provided above is correct and I request approval for the leave mentioned.

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

**For Office Use Only**

|  |  |  |  |
| --- | --- | --- | --- |
| **Approved / Not Approved:** | | ☐ Approved | ☐ Not Approved |
| **Comments (if any):** |  | | |
|  | | |
|  | | |

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