



STAFF REPLACEMENT LEAVE FORM

Name of Employee			
Position			
Department			
Work Location			
Date of Replacement	Start	End	
Reason of Work			

Apply By:	Received By: (Human Resource)	Approved By: (Manager/HOD/Director)
		<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved
		Remarks:
(Signature)	(Signature)	(Signature)
Name:	Name:	Name:
Designation:	Designation:	Designation:
Date:	Date:	Date:

FOR OFFICE USED ONLY

Balance Annual Leave	Before Applied:	After Applied:
Approved by: (Managing Director)		
(Signature)		
Name:		
Designation:		
Date		