



LEAVE APPLICATION FORM

	Leave Record		
	AL	MC	Remarks
Entitled			
Earned			
Taken			
Balance			

Employee's Name			
Department			
Designation			
Application Date	From: _____ to _____ (_____ days)		
Leave Type	<input type="checkbox"/> AL <input type="checkbox"/> MC <input type="checkbox"/> EL <input type="checkbox"/> Others Leave: _____		
Leave Duration	<input type="checkbox"/> Full Day <input type="checkbox"/> Half Day		
Reason			
Immediate Superior's / Manager Name			
Medical Claim	RM	Ref. No.	

NOTE:

1. Leave will not normally grant if application is no submitted 3 days in advance, except sick leave.
2. Other than annual leave, please attach relevant supporting document for reference.
3. Failure of application to resume duty after the leave period will be deemed negligence of duty and may be subject to summary dismissal by the company.

Requested By:	Approved By: (Immediate Superior / Director's)	Verified By: (HR Executive)
(Signature) Date:	(Signature) Name: Date	(Signature) Name: Date: