LEAVE APPLICATION FORM

Name: _____

Dept.: _____   Staff No.: _____

Type of Leave :

Sick   ☐

Time-off in Lieu   ☐

No Pay*   ☐

Wedding   ☐

Maternity/ Paternity Leave   ☐

Bereavement   ☐

Annual   ☐

Other (please specify) : _____

* The Company has the right to determine which **Annual** or **No Pay** Leaves will be deducted depends on the Reason For Leave provided.

Period of Leave :

From : (DD/MM/YY)   _____ (AM / PM)

To : (DD/MM/YY)   _____ (AM / PM)

Number of Working Day   _____
** the least unit of leave is 0.5 day

Applicant's Signature: Approved By :

_____   _____
Date: Date: