

	LEAVE APPLICATION FORM
EMPLOYEE NAME:	
REQUESTED LEAVE:	ANNUAL LEAVE
	UNPAID LEAVE
	SICK/PERSONAL LEAVE
	COMPASSIONATE LEAVE
LAST DAY OF WORK:	
RETURNING TO WOR	к:
EMPLOYEE SIGNATUR	RE:
DATE:	
Office use only:	
То:	Manager
	Payroll
Date:	