LEAVE APPLICATION FORM

|  |  |
| --- | --- |
| **Name of Staff** |  |
| **Name of Supervisor**  |  |
|  |
| **Type of leave**  |  |
| **Effective dates**  | From: To: |
| **Number of days**  |  |
| *Note: Leave other than casual and earned must be supported by documents*  |
| **Reasons for leave**  |  |
|  |
| **Date of application**  |  |
| **Application’s signature** |  |
| **During the application’s leave of absence, responsibilities will be looked after by**  | **Name of staff:** |
| **Signature:**  |
|  |
| **Status of leave application** | **Approved**  |
| **Leave approved by**  |  | Signature  |
| Date:  |
|  |
| **Records Section (HRD/ADM)** |
| Certified that the staff has ……….. day (s) …………………….. Leave balance as on  |
| **Records section authority**  |  Signature  |