

# Leave Application Form

Name & Surname

Employee Number

Date

Dept/Branch/Contract Site

First Day

Last Day


Enter the total number of working days.

	Days				Days		
Annual				Sick			
Family resp				Maternity			
Unpaid				Study			
				Other			

Leave approved/not approved

Comments/motivation

Signatures for approval

Applicant	Approved by IHC site Supervisor	Approved by IHC Manager	Approved by IHC Director

Office use:

Year:

YTD days available:

Less this application:

Balance as at:

Accumulated sick leave:
