



## LEAVE APPLICATION FORM

Name : \_\_\_\_\_ Date : \_\_\_\_\_

Position : \_\_\_\_\_

Department : \_\_\_\_\_ Employee No : \_\_\_\_\_

Please approve absence from work for \_\_\_\_\_ days, from \_\_\_\_\_ to \_\_\_\_\_, inclusive. Reasons for absence \_\_\_\_\_

I may be contacted at Telephone No : \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

- Annual Leave
- Public Holiday
- Maternity
- Compassionate Leave
- Absent Without Pay
- Others , please Specify : \_\_\_\_\_

**Note :** Please submit this application to your Div / Dept Head 7 days in advance. You are not entitled to go on leave until you receive an approved copy of this form.

No. of Days Available	No. of Days Leave Taken	No. of Days Leave Balance	Remarks

Approved / Rejected By  
Operation Department

Approved By  
General Manager / EAM

\_\_\_\_\_

\_\_\_\_\_



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- Annual Leave  Compassionate Leave  
 Public Holiday  Absent Without Pay  
 Maternity  Others, please Specify : \_\_\_\_\_

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- |   |  |
|---|--|
| <input type="checkbox"/> Annual Leave   | <input type="checkbox"/> Compassionate Leave             |
| <input type="checkbox"/> Public Holiday | <input type="checkbox"/> Absent Without Pay              |
| <input type="checkbox"/> Maternity      | <input type="checkbox"/> Others , please Specify : _____ |

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