



APPLICATION FOR LEAVE OF ABSENCE

1 Name of Applicant : _____ Post : _____
Address : _____ Location : _____
_____ Site : _____
_____ Employee No. : _____

2 Leave of absence requested due to :

3 Paid Leave of Absence requested : YES / NO

Unpaid Leave of Absence requested : YES / NO

4 Leave of Absence requested from : _____ am/pm Date : _____
up to _____ am/pm Date : _____

Signature of Applicant : _____ Date : _____

Supervisor / Line Manager : _____ Date : _____

OFFICE USE ONLY

5 Subject to any conditions detailed below the request for **PAID / UNPAID**
leave of absence is approved.

6 The request for leave of absence is not approved.

7 **Comments - Conditions :**

Signature : _____ Date : _____