



Leave Application Form

Name: _____ (please indicate full name)

Company: _____ Department: _____

Name Of Supervisor: _____

Type of Leave

Annual Leave

Unpaid Leave

Others

Please Specify _____

Date of Leave _____ "____" _____

No. of Days _____ Date of Submission _____

Comments: _____

Signature of Applicant	Signature of Supervisor	Signature of Director
_____ Name: _____	_____ Name: _____	_____ Name: _____

Please note that annual leave have to be applied 1 week in advance and applications are subjected to the approval of the management