|  |
| --- |
| **INSERT YOUR LOGO HERE** |

LEAVE APPLICATION FORM

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ORDINARY | SICK | COMPASSIONATE | UNPAID | SPECIAL | MATERNITY | FAMILY RESPONSIBILITY | OTHER | SHOP STEWARD |
|  |  |  |  |  |  |  |  |  |

(CROSS BLOCK APPLICABLE)

|  |  |
| --- | --- |
| Name |  |
| Department |  |
| Number of working days taken  |  |
| First working day of leave |  |
| Returning to work on  |  |
| Signature |  |
| Date |  |

 (FOR OFFICE USE ONLY)

APPROVED BY: DEPARTMENT MANAGER……………………………………………………….

 FINANCIAL MANAGER…………………………….……………………………..

DATE: ………….……………………………….

|  |  |
| --- | --- |
| Date joined |  |
| Annual leave anniversary date |  |
| Leave days balance b/fwd  |  |
| Leave days taken  |  |
| Leave days due  |  |
| Balance carried forward  |  |

SIGNATURE: ………………………………………..

SALARIES ADMINISTRATOR