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LEAVE APPLICATION FORM

- **Document Code:** HR-019
- **Version:** 1.0
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Purpose:

To provide a **structured format for employees to formally request leave**, ensuring a **transparent approval process**.

SECTION 1: EMPLOYEE DETAILS

Field	Details
Employee Name	
Employee ID	
Designation	
Department	
Reporting Manager	

SECTION 2: LEAVE REQUEST DETAILS

Leave Type	☐ **Annual Leave** ☐ **Sick Leave** ☐ **Casual Leave** ☐ **Maternity Leave** ☐ **Paternity Leave** ☐ **Special Leave**
Leave Start Date	
Leave End Date	
Total Leave Days	
Reason for Leave	
Contact During Leave (if applicable)	

SECTION 3: APPROVAL PROCESS

✅ **Has the employee completed the required notice period for leave?** ☐ Yes ☐ No

✅ **Is a substitute available to handle workload?** ☐ Yes ☐ No

Employee Signature: _____ **Date:**

SECTION 4: HR & MANAGER APPROVALS

Approval Stage	Approved By	Signature	Date
Line Manager Approval		_____	
HR Approval		_____	
Final Approval (MD)		_____	

Note: Leave applications must be submitted **at least 3 working days in advance** (except for emergency leaves).