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| **LEAVE REQUEST FORM** |

To : ............................................. Applicant's Name : ...................................

(Head of Department) Designation : ...................................

Date : ...................................

# A. TO BE FILLED BY APPLICANT

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| I wish to apply for the following leave: Annual Leave ♦ No Pay Leave  (Tick appropriate box) Compassionate Leave Others, please specify.  .................................    Date apply from \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Morning / Afternoon)  No. of days apply : \_\_\_\_\_\_\_\_\_\_\_\_    Reason for application : ............................................................................................................................    ...................................  Applicant's Signature |
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**B. TO BE FILLED BY HEAD DEPT (CLIENT).**

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| (1) LEAVE APPROVED / NOT APPROVED by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Delete whichever not applicable)    .....................................  Manager's Signature |

**C. TO BE FILLED BY ROBERT WALTERS CONTRACTING.**

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| Days  Annual leave balance as at ....................................:  Current year due :\_\_\_\_\_\_\_\_\_\_  Total annual leave balance : ......................  Deduct : Annual leave already taken : ( )  Annual leave now applying : ( \_\_\_\_\_\_\_\_\_ )    Annual leave balance c/f :  =========    ....................................  Authorised Signature |