****

|  |
| --- |
| **LEAVE REQUEST FORM** |

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

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

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

# A. TO BE FILLED BY APPLICANT

|  |
| --- |
|   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  |
|  |

**B. TO BE FILLED BY HEAD DEPT (CLIENT).**

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

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

|  |
| --- |
|  DaysAnnual 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  |