

# LEAVE APPLICATION FORM

Complete all sections and submit to your line manager at least [NUMBER] days before the requested leave.

Employee Details	
Full Name	[Name]
Employee ID	[ID]
Department	[Department]
Position	[Job Title]
Leave Details	
Type of Leave	<input type="checkbox"/> Annual <input type="checkbox"/> Sick <input type="checkbox"/> Unpaid <input type="checkbox"/> Maternity/Paternity <input type="checkbox"/> Other: _____
From (first day)	[DATE]
To (last day)	[DATE]
Total Working Days	[NUMBER]
Reason (optional)	[Reason]
Contact During Leave	[Phone / Email]
Handover	
Work Handed Over To	[Colleague Name]
Handover Notes	[Pending tasks, deadlines, access details]
Approvals	
Employee Signature & Date	_____
Line Manager — Approved / Declined	_____
HR — Recorded By & Date	_____

*Leave balances are confirmed by HR. Approval is subject to operational requirements and company leave policy.*