

## LEAVE APPLICATION FORM

Form# SDM-PLIC-1

<b>PART A: TO BE COMPLETED BY THE EMPLOYEE</b>			
Name : _____	Date : _____		
Dept : _____	Date Joined : _____		
Design : _____	NIK : _____		
<b>TYPE OF LEAVE</b>			
A. Annual leave : _____ days	D. No Pay Leave : _____ days		
B. Maternity leave : _____ days	C. Other * : _____ days		
Reason : _____			
From _____ to _____	No working day : _____ days.	Date of report to work : _____	
Person to cover duties: _____ ( name & signature)			
<b>PART B: LEAVE COMPUTATION</b>			
Annual leave 20.. : _____ days	Leave Balance : _____ days		
No.of days applied : _____ days			
<b>PART C: APPROVAL</b>			
Submitted by	Approved by	Verified by	Known by
Employee	Head of Department	HR	Director

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