**Leave Application Form**

TYPE OF LEAVE APPLIED FOR:

**Earned Leave: ( ) Maternity Leave: ( )**

**Casual Leave: ( ) Sick Leave: ( )**

**Paternity leave ( ) Medical leave: ( )**

NAME : …..........................................

POSITION : ……………………………………………….

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. DATE FROM
 |  | TO |  | Total number of days requested |  |

Purpose of leave: ………………………………………………………………………….**.**

Signature of Applicant: ………………………........ Date: ………………………................

Annual **LEAVE RECORD**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **LEAVE TYPE** | **ENTITLEMENT DAYS** | **USED DAYS TILL DATE** | **REQUESTED DAYS** | **REMAINING DAYS** |
| **Earned Leave** | 30 |  |  |  |
| **Causal Leave**  | 10 |  |  |  |

|  |  |  |
| --- | --- | --- |
| **Approved by** | **Signature** | **Date** |
| Immediate Supervisor  |  |  |
| HR/Admn, Coordinator  |  |  |
| Executive Director  |  |  |

\* Note: All leave to be approved by Executive Director except casual leave

CC : 1 COPY PERSONAL FILE