

LEAVE APPLICATION FORM

For Employee Use Only			
Application Date	Name	Designation	Employee ID
The undersigned hereby acknowledge that the Company has fully right to finish and deduct all the rights and allowances if I don't come at the exact time which is approved by the company.			
Requested Leave Date	Leave Type	Contact No.	Employee Signature
NOTE: Absence for more than 7 continuous days after the approved Leave days of leave may cause termination as per Ministry of Labor Law, Article 120 Clause and Article 89.			Site Engineer Signature (if applicable)

For Accounts Use Only		
Total Days Worked	Available Leave Days	Signature

For Department Manager Use Only		
Leave Application is: ☐ Approved ☐ Not Approved ☐ Clearance Required		
Approved Leave Start Date	Approved Leave End Date	Signature
Staff to cover duties:		
Remarks		

General Manager Approval	
Leave Application is: ☐ Approved ☐ Not Approved	
Remarks	Signature