



APPLICATION FOR LEAVE OF ABSENCE

Surname:		Name:	
Employee Number:		Department:	
Type of Leave Taken as Working days	Start Date	End Date	Number of Working days
Annual Leave			
Unpaid Annual Leave			
Normal Sick Leave (attach medical certificate)			
Unpaid Sick Leave			
Family Responsibility Leave (provide evidence)			
Unpaid Maternity leave (attach medical certificate)			
Study Leave			
<p><i>I hereby certify that the information provided is correct. Any falsification of information in this regard may form ground for disciplinary action.</i></p> <p>EMPLOYEE SIGNATURE _____</p> <p>MANAGER SIGNATURE _____</p> <p>DATE _ / _ / 2018 _____</p> <p>CC: Personnel File</p>			