

Leave application form

Employee's details

Name:

Position:

Contact phone number:

Leave type

Annual Personal/Care's Leave without pay Field work

Comments:

Period of leave

Last day of work:

Return to work date:

Total number of days off:

Signature of employee: _____ Date: ____ / ____ / ____

Approval of leave *(to be completed by Ex-Co)*

Approved Not approved

Reason for refusal *(if applicable)*:

Name:

Signature: _____ Date: ____ / ____ / ____

1. Please submit filled application to Secretary – in two weeks advance
2. Keep a copy of this form as a record and ensure to advise employees if you approve or do not approve their proposed leave. You cannot unreasonably refuse an employee's request to take paid annual leave.