



Application for Annual Leave

Date: ___ / ___ / ___

Name:

Department:

	From	To	Total Days
Annual Leave			

If you require other leave please fill out the following section:

	From	To	Total Days
Personal Leave			

	From	To	Total Days
Maternity Leave			

	From	To	Total Days
Paternity Leave			

	From	To	Total Days
Other (please specify)			

Signature of Employee: Date: ___ / ___ / ___

Approved by : Supervisor: Date: ___ / ___ / ___

.....

<i>Office Use Only:</i>	Date Actioned	Actioned by
Entered in Payroll Module	___ / ___ / ___