#

# **Leave Request Form**

|  |  |
| --- | --- |
| Employee Name: |  |
| Employee ID: |  |
| Employee Location: |  |

|  |  |
| --- | --- |
| Type of Leave:(circle the correct leave type) | **Annual Leave / Sick Leave / Bereavement Leave / Alternative Holiday / Other Leave** |
| If “Other Leave” please specify: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Requested from:** |  | **To:** |  |

|  |  |
| --- | --- |
| **Total Number of Working Days:** |  |

|  |  |
| --- | --- |
| **Signed:** |  |
| **Date:** |  |

**Manager use:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Approved:** |  | **Not Approved:** |  |

|  |  |
| --- | --- |
| **Signed:** |  |
| **Date:** |  |

**Payroll use:**

|  |  |  |  |
| --- | --- | --- | --- |
| Entered into leave record | **Yes/No** | **Date:** |  |
| By whom: |  |