



NAME		DATE
TITLE	DEPT.	LOCATION

ACTION REQUESTED ☒ ( CLEARLY STATE APPROPRIATE DATES , ACTIONS , ...)

<input type="checkbox"/>	ANNUAL LEAVE	From		To	
<input type="checkbox"/>		Days requested		Balance	
<input type="checkbox"/>	OTHER LEAVE	From		To	
<input type="checkbox"/>	(Sick Leave,Maternity, Other..)	Days requested			
<input type="checkbox"/>					
<input type="checkbox"/>	RETURN FROM LEAVE	Date of Return			
<input type="checkbox"/>	BUSINESS / MISSION	Location		From	To
<input type="checkbox"/>					
<input type="checkbox"/>	RESIGNATION	Date			
<input type="checkbox"/>	TERMINATION	Date			
<input type="checkbox"/>					

## DETAILED REASONS FOR REQUEST

	APPLICANT SIGNATURE

## SUPERVISOR / HEAD COMMENTS AND APPROVAL

	HEAD OF DEPT/DIV. SIGNATURE

## PERSONNEL / ADMINISTRATION

Leave Allow. for 2008			HUMAN RESOURCES COMMENTS
Bal.previous year 2007			
Total Leave Days			
Days already taken			
Current Balance			
Days requested			
New Balance			HR Manager SIGNATURE

## MANAGEMENT APPROVAL

APPROVED AS	HEAD OF ADMIN. OR PRESIDENT SIGNATURE
AMENDED TO	