

|                  |              |                  |  |
|------------------|--------------|------------------|--|
| Name of Employee | Name Surname |                  |  |
| Employee No.     |              | Position         |  |
| Department       |              | Manager          |  |
| Date of Request  |              | Date of Approval |  |

|                         |                                |                                |                |           |
|-------------------------|--------------------------------|--------------------------------|----------------|-----------|
| Type of Leave Requested | Sick                           | Study                          | Standard       | Maternity |
|                         | Family Responsibility<br>Death | Family Responsibility<br>Birth | Injury on Duty | Special   |

|                             |          |  |          |
|-----------------------------|----------|--|----------|
| Accompanied by Doctors Note | Yes / No | Paid Leave   | Yes / No |
| Accompanied by Report (IOD) | Yes / No | Accompanied by Death<br>Certificate (Family<br>Responsibility) | Yes / No |

|                   |  |  |                   |
|-------------------|--|--|-------------------|
| Date of First Day |  |  | A Total Requested |
| Date of Last Day  |  |  |                   |

|                      |                       |          |           |                   |
|----------------------|-----------------------|----------|-----------|-------------------|
| Cumulative Leave Due | Sick                  | Standard | Maternity | B Total Available |
|                      | Family responsibility | Study    |           |                   |

|                   |           |  |                   |
|-------------------|-----------|--|-------------------|
| Balance Leave due | B – A = C |  | C Total Still Due |
|-------------------|-----------|--|-------------------|

|           |           |           |
|-----------|-----------|-----------|
| Manager   | Employee  | Approved  |
| Date      | Date      | Date      |
| Signature | Signature | Signature |