



LEAVE REQUEST AND APPROVAL FORM

Date:

Name of Applicant :

Position Title : Section/Division

Kindly grant me leave as follows:

Sl. No	Type of Leave	Select to Avail (✓)	Duration			Leave Balance	Remarks
			Start Date	End Date	Total		
1	Annual Leave						
2	Reserved leave						
3	Casual Leave						
4	Earned Leave						
5	Medical Leave						Attach evidence
6	Maternity Leave						Attach evidence
7	Paternity Leave						Attach evidence
8	Extraordinary Leave						Execute Undertaking
9	Bereavement Leave						Attach evidence
10	Medical Escort Leave						Attach evidence

*Submit reasons:

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Signature of applicant

Recommendations of the Head of the Division:

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Signature

Approved / Not Approved

Signature of the Head of the Agency