



Date.....

LEAVE REQUEST AND APPROVAL

To:

From:Position Title:

Sl.No	Type of Leave	Select to Avail	Duration			Remarks
			Start Date	End Date	Total	
1	Annual Leave					
2	Bereavement Leave					
3	Maternity Leave					Attached evidence
4	Paternity Leave					Attached evidence
5	Medical Leave					Attached evidence
6	Extraordinary Leave					
7	Escort Leave					Attached evidence
8	Station Leave					

Submit reasons:

.....

Signature of Application

Signature of Supervisor

*Until today, the(date).....(Month).....(Year).....
 hasdays of earned leave, anddays of casual leave remaining.

Recommended

Not Recommended

Signature HR Office

Approved by:

Signature of Head of Agency

Approved by: HR committee meeting no.....datedfor (i) medical leave beyond one month and (ii) EOL