



# LEAVE APPLICATION

Date		Submitted By (Full Name)		Signature	
Type of Leave					
Annual Leave <input type="checkbox"/>		Sick Leave <input type="checkbox"/>		Other Leave <input type="checkbox"/>	
Reason or Purpose of Leave					
Starting at		Ending at		No of Working Days	
FULL DAY <input type="checkbox"/> AM ONLY <input type="checkbox"/> PM ONLY <input type="checkbox"/>		FULL DAY <input type="checkbox"/> AM ONLY <input type="checkbox"/> PM ONLY <input type="checkbox"/>		Urgent Leave	
Approved by Immediate Supervisor				Date	
1. Application must be approved by the HR department before becoming official. 2. For sick leaves, a medical certificate must be attached. 3. If applicant is unable to provide a medical certificate, the leave will be counted as an annual leave.				<div style="background-color: #cccccc; height: 100px; width: 100%;"></div>	
<div style="text-align: right;">Form-ATLA24-Rev1</div>					



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