



# 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.				Form-ATLA24-Rev1	