

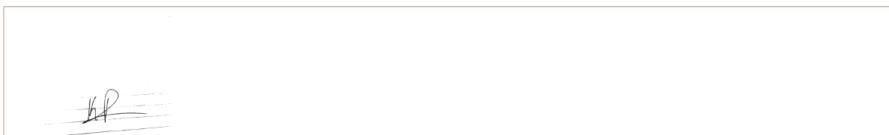


Leave Request Form

Date
Name
Department

Annual Leave Entitlement				
Carried Forward Leave				
Days in Lieu				
Total Leave Entitlement				
Total Outstanding Leave Balance				
Type of Leave Requested				
Leave Start Date	Date (DD/MM/YYYY)	Time (HH:MM)	am	pm
Leave End Date	Date (DD/MM/YYYY)	Time (HH:MM)	am	pm
Total Number of Days Requested				

Employee's Signature

A rectangular box containing a handwritten signature that appears to read "HF".

Approved By

A rectangular box containing a handwritten signature.