


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



Approved By

