**Application for Leave:**

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| **Employee Details** |
| Surname |  | First Names |  |
| Job Title |  | ID Number |  |
| Cell Number |  | Date |  |
| Employee Signature |  |

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| **I wish to apply for leave as following:** |
| Annual Leave | 🞎 | From:  | To:  | Number of days: 1 |
| Sick Leave | 🞎 | From: | To: | Number of days: |
| Family Responsibility Leave | 🞎 | From: | To: | Number of days: |
| Maternity Leave | 🞎 | From: | To: | Number of days: |
| Study Leave | 🞎 | From: | To: | Number of days: |
| Other: | 🞎 | From: | To: | Number of days: |
| Reason for “other”: |

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| --- |
| Comments: Assists the school with athletics function from 13:00 |
|  |

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| **Manager Details (Approver)** |
| Surname |  | First Names |  |
| Date |  | Manager Signature |  |

Leave approved X🞎 / Leave declined 🞎

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| Comments: |
|  |

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| **Office Use** |
| Year |  |
| Leave days owing |  |
| Leave days taken |  |
| Balance owing |  |