Date:

**LEAVE REQUEST AND APPROVAL FORM**

Name of Applicant: ………………………………………………………

Position Title: ………………………………………Section/Division …………………………..

Kindly grant me leave as follows:

| **Sl. No** | **Type of Leave** | **Select to Avail****( *√* )** | **Duration** | **Leave Balance** | **Remarks** |
| --- | --- | --- | --- | --- | --- |
| **Start Date** | **End Date** | **Total** |
| 1 | Annual Leave |  |  |  |  |  |  |
| 2 | Casual Leave |  |  |  |  |  |  |
| 3 | Medical Leave  |  |  |  |  |  | Attach evidence |
| 4 | Maternity Leave |  |  |  |  |  | Attach evidence |
| 5 | Paternity Leave |  |  |  |  |  | Attach evidence |
| 6 | Extraordinary Leave |  |  |  |  |  | Execute Undertaking |
| 7 |  Bereavement Leave |  |  |  |  |  | Attach evidence |
| 8 | Medical Escort Leave |  |  |  |  |  | Attach evidence |

\*Submit reasons: ………………………………………………………………………………………………………………

 **Signature of applicant**

Recommendations of the Head of the Division:

………………………………………………………………………………………………………………

**Signature**

Approved / Not Approved

**Signature of the Head of the Agency**