



**APPLICATION FOR LEAVE**

NAME:	
POSITION:	
TYPE OF LEAVE: (Annual, sick, parental, etc.)	
FIRST DAY ABSENT FROM WORK:	
FIRST DAY BACK TO WORK	
NUMBER OF ANNUAL LEAVE DAYS TAKEN.	
TOTAL OF ANNUAL LEAVE HOURS TAKEN.	
TOTAL OF TOIL HOURS TAKEN.	
Employee's signature:	.....
Date:	.....
Approved by:	.....
Date:	.....