

LEAVE FORM

SECTION A EMPLOYEE PARTICULARS

Name and Surname _____

SECTION B LEAVE DETAILS

No. of Working Days _____

Dates on Leave _____ (eg.25-26 June)

If Half-day please add TIME _____ (eg. 12:30-17:30)

Last Day at Work _____

First Day Back at Work _____

TYPE OF LEAVE (X)

ANNUAL		MATERNITY		SICK		UNPAID	
FAMILY RESPONSIBILITY*		Reason:					

(only applicable to family responsibility leave)

*You have 3 days Family Responsibility Leave under the following circumstances: when your child is born, when your child is sick, in the event of the death of your: spouse or life partner, parent or adoptive parent, grandparent, child or adopted child, grandchild and/or sibling.

During my leave I can be contacted on the following tel/cel number _____

Signature _____

Date _____

SECTION C LEAVE APPROVED

PLEASE NOTE: that any leave taken without the prior approval of management will be seen as leave without authorisation (AWOL) and disciplinary action will be taken against the individual concerned.

Name and Surname (manager)

Date

Signature (manager)