



| ANNUAL LEAVE APPLICATION FORM | | | |
|--|----------------------|-----------------------|------------------------|
| NAME | | | |
| DESIGNATION | | | |
| DATE | | | |
| | Annual Leave | | Maternity Leave |
| | Advance Leave | | No Pay Leave |
| | Others : | | |
| | | | |
| FROM | | TO | |
| NO. OF DAYS | | RESUME DUTY ON | |
| ANNUAL LEAVE STATUS OF DATE (OFFICE USE) | | | |
| PARTICULAR | | DAYS | |
| Leave as at January 1 st | | | |
| Entitlement For Year | | | |
| Taken To Date | | | |
| Sub-Total | | | |
| This Application | | | |
| Balance c/f | | | |

Request by :

Verified By

.....
Applicant

.....
Administration

| | |
|--|---------------------|
| | Approved |
| | Not Approved |