

Leave Application Form

A. To be completed by Applicant

Name: _____ Project/Business: _____

Emp No.: _____ Designation: _____

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Specify Type of Leave

<input type="checkbox"/>	Annual Leave	<input type="checkbox"/>	Compensatory	<input type="checkbox"/>	Compassionate
<input type="checkbox"/>	Festival	<input type="checkbox"/>	Others _____		

Leave Requested

Leave Start Date	Leave End Date	Duty Resuming Date	Total Leave Days

Emergency contact person during Leave: _____

Telephone/Mobile No.: _____ Personal E-mail: _____

Applicant Signature: _____ **Date:** _____

B. Line Manager Approval

Name: _____ Signature: _____
Date: _____

C. Approval

_____ Chairman _____ Date

To be completed by Head Office Administration

Accrued Leave Days: _____

Number of Leave Days: Paid Unpaid Total

Passport Expiry: Res. Visa Expiry: Work Permit Expiry:

Completed By: _____ Head Office Administration _____ Date