Employer Name

	Date:	

Leave Request Form

Employee Name	Department
Designation	

Reason For Requested Leave

- ☐ Sick
- ☐ Function Attend
- ☐ Personal Leave
- ☐ Family Reason
- ☐ Other Reason

Leave Date Requested		Employee Signature
Leave From		
Leave To		
Approved ☐ Rejected ☐		Approved By

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