

APPLICATION FOR TIME OFF

This form must be **fully** completed for consideration to be given to the application and should be submitted at the earliest opportunity.

Name _____ Employee Number _____

Designation _____ Location _____

UNPAID LEAVE		
Number of Days	Dates	Reason

PAID OR COMPASSIONATE LEAVE		
Number of Days	Dates	Reason

Signature of Applicant _____ Date _____

For completion by Line Manager

COMMENTS:

APPROVED/NOT APPROVED Signed _____ Date _____

For completion by appropriate Senior Manager:

COMMENTS:

APPROVED/NOT APPROVED Signed _____ Date _____

