

### APPLICATION FOR LEAVE

Note. To be addressed to the Responsible Officer/Head of Department/Head of Division.

To: .....

Thru: .....

Thru: .....

Name: ..... Designation: .....

Department: ..... From ..... To .....

Leave applied for: .....days p.m.

Leave addressed/Telephone No./E-mail: .....

.....  
Date.

.....  
Signature of Officer.

SECTION II: To be completed by Head of Human Resource.

#### COMPUTATION OF LEAVE.

Leave due in (year) .....

Less leave taken .....

Balance .....

LEAVE AS COMPUTED ABOVE RECOMMENDED/APPROVED

**This application is in accordance with leave roster. Computation checked and leave recorded by**

.....  
Head of Human Resource.

.....  
Date.

SECTION III.

To: .....

Your application for leave from.....to .....is approved/not approved (reason for not approving must be given).

.....  
Signature of Responsible Officer.

.....  
Date.

Name: .....

Designation: ..... Official stamp and date.