Name of Employee:

Gert Visser

Employee No. or ID No.:

980103 5587 08 4

I hereby apply for leave, as set out below.

A. **NATURE OF LEAVE** *(Category)*

Annual leave Sick leave Maternity leave Parental leave Adoption leave

Study leave X Unpaid leave  Family Responsibility leave  Commissioning Parental leave

|  |  |  |
| --- | --- | --- |
| B. **DATES** *(Inclusive of the first and last date)* | Total Days | |
| Vacation leave from: | To |  |
| Sick leave from: | To |  |
| Maternity leave from: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_To \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Study leave from: | 7 July 2025 To 11 July 2025 | 5 |
| Unpaid leave from: | To |  |
| Family Responsibility Leave from: | To |  |
| I will resume my duties on: 14 July 2025 |  |  |
| C. **PRESENT POSITION OF ACCUMULATED LEAVE** |  |  |

Annual leave 3

Sick leave 5

Family Responsibility leave 3

**SIGNATURE OF EMPLOYEE DATE**

Approved? Yes No

**SIGNATURE OF EMPLOYER DATE**