Name of Employee:

Susan Delmay

Employee No. or ID No.:

850215 0023 08 4

I hereby apply for leave, as set out below.

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

Annual leave Sick leave Maternity leave X Parental leave Adoption leave

Study leave  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: | 15 July 2025 To 14 November 2025 | 125 |
| Study leave from: | To |  |
| Unpaid leave from: | To |  |
| Family Responsibility Leave from: | To |  |
| I will resume my duties on: 17 November 2025 |  |  |
| C. **PRESENT POSITION OF ACCUMULATED LEAVE** |  |  |

Annual leave 12

Sick leave 20

Family Responsibility leave 3

**SIGNATURE OF EMPLOYEE DATE**

Approved? Yes No

**SIGNATURE OF EMPLOYER DATE**