Name of Employee:

Employee No. or ID No.:

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  Unpaid leave  Family Responsibility leave  Commissioning Parental leave

|  |  |  |
| --- | --- | --- |
| B. **DATES** *(Inclusive of the first and last date)* |  | |
| Vacation leave from: | To | Total days |
| Sick leave from: | To |  |
| Maternity leave from: | To |  |
| Study leave from: | To |  |
| Unpaid leave from: | To |  |
| Family Responsibility Leave from: | To |  |
| I will resume my duties on: |  |  |
| C. **PRESENT POSITION OF ACCUMULATED LEAVE** |  |  |

Annual leave

Sick leave Family Responsibility leave

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**SIGNATURE OF EMPLOYEE DATE**

Approved? Yes No

**SIGNATURE OF EMPLOYER DATE**