



LEAVE FORM

Name:		Designation:	
Office:		LEVEL:	
TYPE OF LEAVE APPLIED FOR:			
NUMBER OF DAYS APPLIED FOR:			
REASON FOR LEAVE			
FROM:		TO:	
SIGNATURE:		DATE:	
NAME OF SUPERVISOR:			
COMMENTS AND RECOMMENDATIONS OF SUPERVISOR:			
SIGNATURE:		DATE	
COPIES SENT TO:			
HR			
		Approved By:CEO	