

APPLICATION FOR LEAVE

Name and Surname: _____

Company: _____

Position: _____

Amount of days: _____

Leave Period: _____ to _____

Contact details whilst away:

Address:

Cell: _____

Tel: _____

Emergency Contact Name: _____ Number: _____

Indicate:

Annual Leave

Sick Leave

Family Responsibility

Special Leave

Other (Specify) _____

Reason for Leave:

ANNUAL LEAVE – The employee is entitled to 21 (twenty one) consecutive days (15 working days), annual leave on full remuneration in respect of every 12 (twelve) months continuous employment with the company. This leave needs to be taken within 4 (four) months following on the calendar year in which such leave accumulated. (Please consult employment contract for details.)

SICK LEAVE – An application for sick leave in excess of 2 (two) consecutive days must be supported by a certificate of a registered Medical Practitioner. (Please consult employment contract for details.)

SPECIAL LEAVE – Maternity leave is applicable. (Please consult employment contract for details.)

Signature (Applicant)

Date

Approved

Not Approved

If not approved, Reason:

Signature (Manager)

Date