

EMPLOYEE LEAVE REQUEST FORM

Employee Name: _____

Employee ID: _____

Department: _____

Position: _____

Leave Details:

Type of Leave: _____

Leave Start Date: _____

Leave End Date: _____

Total Leave Days: _____

Reason for Leave:

Contact Details During Leave:

Phone: _____

Email: _____

Employee Declaration:

I certify that the information provided in this leave request form is true and accurate. I understand that approval of this leave is subject to the employer's discretion and applicable policies. I agree to comply with all relevant workplace policies and procedures during my absence.

Manager Approval:

Approved: _____ Denied: _____

Manager Name: _____

Manager Signature: _____

Date: _____

Human Resources Use Only:

Leave Balance Before Leave: _____

Leave Balance After Leave: _____

Processed By: _____

Processed Date: _____

Employee Signature

Manager Signature

Date: _____

Date: _____

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