

# APPLICATION FOR LEAVE OF ABSENCE

NAME: \_\_\_\_\_ DEPT: \_\_\_\_\_ No.: \_\_\_\_\_

REASON FOR ABSENCE (mark appropriate box **X**)

- |                           |       |                          |
|---------------------------|-------|--------------------------|
| EMPLOYEE HOLIDAY          | EH    | <input type="checkbox"/> |
| AUTHORISED ABSENCE        | AA    | <input type="checkbox"/> |
| COMPANY COURSE / BUSINESS | CC/CB | <input type="checkbox"/> |
| COURT WITNESS             | CW    | <input type="checkbox"/> |
| JURY DUTY                 | JD    | <input type="checkbox"/> |
| PATERNITY LEAVE           | PL    | <input type="checkbox"/> |

In the event of bereavement, please complete Bereavement Leave Form.

FIRST DAY of Absence		LAST DAY of Absence		Total No. of Days <small>(for ½ days , indicate if AM or PM)</small>
DAY name	Date	DAY name	Date	

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor's Signature : \_\_\_\_\_ Date: \_\_\_\_\_

Once authorised, this form should be forwarded to :- Joyce Walker (IT Dept)