

REQUEST FOR LEAVE

Name of employee:			
Title:		Type of Contract:	
Type of Leave *:		(Select applicable)	
Official Travel	<input type="checkbox"/>	From:	To:
Earned Leave/	<input type="checkbox"/>	From: _____	To: _____
Casual Leave	<input type="checkbox"/>	From: _____	To: _____
Medical Leave (Certified)	<input type="checkbox"/>	From: _____	To: _____
Maternity/Paternity Leave	<input type="checkbox"/>	From: _____	To: _____
Special Leave Without Salary	<input type="checkbox"/>	From: _____	To: _____
Others :	<input type="checkbox"/>	From: _____	To: _____
Number of working days:		Travel Destination and Contact phone:	
Signature of staff member:		Date:	
<u>Backstopping:</u> In the absence of employee duties to be performed by:			
Name:		Signature:	Date:
<u>Verification and Clearance by HR</u>			
• Earned Leave Balance:		working days as at _____	
• Casual Leave Balance:		working days as at _____	
- Earned Leave Balance after deduction of number of days of leave applied for _____		working days	
- Casual Leave Balance after deduction of number of days of leave applied for _____		working days	
Name:		Signature:	Date:
<u>Supervisor's Approval:</u>			
<u>To be completed by staff member's immediate supervisor:</u>			
Circle one of the following: a) Recommended b) Not Recommended (Reason):			
Name:		Signature:	Date:
<u>Authorized by:</u>			
Unit Head (for Unit Staff); MD for Unit Heads			
Name:		Signature:	Date:

** i. Staff and their supervisors must ensure that leave forms are fully approved in advance of travel. If the forms are not fully approved (Verified / Cleared by HR and Authorized by Approving Officers) in advance of departure, then the staff absence will not be considered authorized by the office, and deductions in salary for the period of absence may be applied.*

ii. Employee taking leave more than three consecutive working days should leave a Handover Note with the supervisor and the backstopping staff before proceeding on leave.