

Leave Request

Employee Name: _____

Department: _____

Personnel Number (if available): _____

Requested Leave Period: _____

From: ____ / ____ / ____ To: ____ / ____ / ____

Number of Leave Days: _____

Type of Leave: (please check)

- ☐ Recreational / Vacation Leave
- ☐ Special Leave
- ☐ Unpaid Leave

Substitute During Leave: _____

Remarks: _____

Place, Date: _____

Employee Signature: _____

To be completed by the responsible manager:

The leave request is approved.

The leave request is denied.

Remarks: _____

Remaining Vacation Balance: _____

Place, Date: _____

Supervisor Signature: _____