

[ADD LOGO]



LEAVE APPROVAL FORM

Employee 'name:		Outlet:	
Department:		Date:	
LEAVE TAKEN	From	To	Date of returning to work
Annual	<input type="checkbox"/>	Total Leave Days	
Sick	<input type="checkbox"/>	Details _____	
Day in Lieu	<input type="checkbox"/>	_____	
Without Pay	<input type="checkbox"/>	_____	
Wedding Leave	<input type="checkbox"/>	Medical Certificate: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Bereavement Leave	<input type="checkbox"/>	Outstanding leave	
Maternity	<input type="checkbox"/>	Outstanding off in lieu	
Other	<input type="checkbox"/>		
Employee:		Date:	Manager
			Date:
CEO			