Annexure C

LEAVE FORM

1. LEAVE CATEGORY

☐ **Annual Leave** ☐ **Sick Leave** ☐ **Maternity Leave** ☐ **Family Responsibility Leave**

☐ **Special Leave** ☐ **Study Leave** ☐ **Paternity Leave**

2. EMPLOYEE'S DETAILS

Full Name: ……...…… id no ☐☐☐☐☐☐☐☐☐☐☐☐☐

Date Employed: _ _/_ _ /_ _ _ _ Days Due: ☐☐ Work Department: …… Job Title: ……..…..

Cell No: ……..…….. E-mail Address: ……..……..…. Alt Cell No: ……..

Place During Leave: …… Leave Purpose: ……..…...

3. COMPANY DETAILS

Company Name: …… Sector: …… Physical Address: ……..

Phone No: ……..… Fax No: ……..…….. E-mail: ……

Postal Address: ……..... CODE: ……..

4. LEAVE APPLICATION REASONS

_____

_____

_____

_____ _____ _____

Leave Commence: ☐☐☐☐☐☐☐☐ Leave Ending: ☐☐☐☐☐☐☐☐ Total Number of days: ☐☐☐

Witness: _____ Signature: …… Date: ☐☐☐☐☐☐☐☐

…… **OFFICE USE** ……

5. MANAGEMENT DECISION

☐ **Leave Approved**

☐ **Leave Declined**

6. LEAVE APPLICATION DETAILS

REASONS:

_____

_____

_____

_____

GENERAL REMARKS OR COMMENTS: ……..

……..

……..

7. RECEIVED BY

Mr/Mrs: _____ **Position: _____** **Date: _ _/ _ _/ 20_ _**

Signature: ……