

EMPLOYEE LEAVE REQUEST FORM

Employee Information

Employee Name:

Employee ID:

Department:

Leave Request Details *(To be considered during duty roster preparation)*

Please Note:

Submission of this request does not guarantee leave approval. However, every effort will be made to accommodate the request based on operational feasibility.

Leave Details

Start Date (DD/MM/YYYY)	End Date (DD/MM/YYYY)	Number of days	Type of leave

Total Number of Leave Requested:

Employee Declaration

I confirm that the information provided above is accurate to the best of my knowledge. I understand that approval of this leave request is subject to the company's leave policy and operational requirements.

Employee Signature:

Date:

For Manager / HR Use Only

Date Received:

Leave Approved: Yes No

If No, Reason for Rejection:

Notes:

Manager / HR Signature:

Date: