


<b>Document Title</b>	Leave Application Form	
<b>Document Type</b>	Form & Template	
<b>Document No:</b>	GV-HR-FT-004	
<b>Version No:</b>	1	

EMPLOYEE DETAILS			
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<b>Employee Name:</b>	Mihle	<b>Employee Surname:</b>	Madyibi
<b>Department:</b>	Contact centre	<b>Employee Number:</b>	

LEAVE DETAILS			
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Leave Type	Date from (dd/mm/yy) <i>(*first day of leave)</i>	Date to (dd/mm/yy) <i>(*last day of leave)</i>	Number of leave days requested <i>(*working days only)</i>
<b>Annual Leave</b>	17/01/2023	18/01/2023	2
<b>Sick Leave</b>  <i>*Attach medical form for more than 2 consecutive days of days of absence, or if sick on a Friday or a day after a Public Holiday.</i>			
<b>Family Responsibility Leave</b>			
<b>Maternity Leave</b>			
<b>Unpaid Leave</b>			

Reason for leave requested			
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Writing a supplementary test on the 18 of January 2023.

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**Leave Approval *(for office use only)***

**Leave approved?**

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**If disapproved, reason for disapproval:**

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**Signatures**

<hr/> <p><b>Employee Signature</b></p>	<hr/> <p><b>Date</b></p>
<hr/> <p><b>Approved by (name)</b></p>	<hr/> <p><b>Approver's Job Title</b></p>
<hr/> <p><b>Approver's signature</b></p>	<hr/> <p><b>Date</b></p>