## LEAVE APPLICATION FORM 1. Name of employee : ..... 2. Designation: 3. Division (UTH/UEM/UA/FENESTA/UIT/UE): ..... 4. Type of Leave applied for : (Please tick the relevant box) Casual leave Leave without pay ☐ Medical leave Earned leave ☐ Bereavement leave. ☐ Maternity leave ☐ Paternity leave Escort leave Others 5. Date of leave from:..... to:...... 6. Reason for leave:.... 7. Address during the leave:..... 8. Name of the substitute if only the leave period is more than a week: ...... Signature of Applicant Certified by HR Number of leave used till date: ...... and number of leave balance till date: .......

Signature of Controlling Officer (If only availed for more than 1 week)

Signature of the Immediate Supervisor