



LEAVE APPLICATION FORM

Please FAX to HR @ 6742 9228*

Name of Applicant: _____

Date of Application: _____

Type of Leave:-

(Attach documentary proof if any)

- | | |
|----------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> ANNUAL LEAVE | <input type="checkbox"/> UNPAID LEAVE |
| <input type="checkbox"/> MEDICAL LEAVE | <input type="checkbox"/> OTHERS, PLEASE SPECIFY |
| <input type="checkbox"/> COMPASSIONATE LEAVE | _____ |

Duration:-

From: _____ (AM/PM)

To _____ (AM/PM) No. of Days: _____

Signature: _____
Applicant

Date : _____

For Official Use ONLY:-

APPROVAL – Client / Superior

APPROVED / NOT APPROVED

Name & Signature: _____

Date : _____

Temp required : YES / NO

Duties cover by : _____

APPROVAL – HQ Management

APPROVED / NOT APPROVED

Type of Leave : _____

Name & Signature : _____

Date : _____

Leave Computation – By HR Department

Leave Balance from previous year : _____

Leave Entitlement till to-date : _____

Leave Taken till to-date : _____

Leave Balance-to-date : _____

Notes: -

- Annual Leave to be applied minimum 3 days in advance; Long vacations to be submitted 3 weeks in advance.
- Both Immediate Superior and HR should be informed on the day itself for Urgent / Medical Leave.
- Medical Leave to be submitted within 3 days upon reporting back to work.
- Original Medical Certificate & Medical Bill to be submitted to Finance Dept in Boon Lay before 20th for Medical Claims.
- Apply for leave that you have earned. Advance Leave and Unpaid Leave is discouraged.
- Unpaid Leave will be deducted in the following month. *Penalty applies for FORCED / UNAPPROVED LEAVE