aceplp.com Pte Ltd

HQ (Billing): No 26 Boon Lay Way #01-78 Trade Hub 21 Singapore 609970 Tel: 6515 9938 Fax: 6515 9918

Branch (Operation): No 49 Tannery Lane #03-05 Noble Warehouse Singapore 347796 Tel: 6742 2001 Fax: 6284 0670

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LEAVE APPLICATION FORM

Please FAX to HR @ 6742 9228*

Name of Applicant:			
Date of Application:			
Type of Leave:- (Attach documentary proof if any)			
□ ANNUAL LEAVE □ UNPAI		LEAVE	
□ MEDICAL LEAVE	OTHERS, PLEASE		PECIFY
□ COMPASSIONATE LEAVE			
Duration:-			
From:	(/	AM/PM)	
То	(<i>F</i>	AM/PM)	No. of Days:
Signature:		Date :	
Signature:Applicant			
For Official Use ONLY:-			
APPROVAL - Client / Superior		APPRO	OVAL – HQ Management
APPROVED / NOT APPROVED		APPRO	OVED / NOT APPROVED
Name & Signature:		Type of	:
Date :		Leave Name &	÷
Temp required : YES / NO		Signature Date	÷
Duties cover by :	 		
Leave Computation – By HR Department			
Leave Balance from previous year		:	
Leave Entitlement till to-date			
		-	<u> </u>
Leave Taken till to-date		:	_
Leave Balance-to-date		:	

Notes: -

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