

# BRAVO Personnel Consultancy Limited

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## **LEAVE APPLICATION FORM for Temporary Staff** ( Annual Leave / Sick Leave with Medical Certificate / No Pay Leave )

Name of staff : \_\_\_\_\_ Contact Tel. : \_\_\_\_\_

Company : \_\_\_\_\_

Period : From \_\_\_\_\_ to \_\_\_\_\_

No. of workday(s) : \_\_\_\_\_

Reason : \_\_\_\_\_

Applied by,

Confirmed by,

\_\_\_\_\_  
*Signature of staff*

Date:

\_\_\_\_\_  
*Signature and Company chop*

Name:

Title:

Date:

### **Important Note**

- (1) All the staff are entitled to your first Annual Leave\* after completing twelve months of service.
- (2) All the Annual Leave must be prior confirmed by the CLIENT.
- (3) Saturday will be counted as one working day.
- (3) Bravo Personnel Consultancy Limited reserves the right for the final approval.

(\* Annual Leave – in accordance with the provisions of the Hong Kong Employment Ordinance)

Approved by

Bravo Personnel Consultancy Ltd

\_\_\_\_\_  
*Authorized Signature*

Name:

Date: