



HRD Forms 0011

## Leave Application Form

### Section A : Staff Particulars

Staff No. : _____	Date joined : _____
Name : _____	Department : _____
Position : _____	Contact No : _____

### Section B : Leave Details

**Date of leave:**

Dates Applied : \_\_\_\_\_ to \_\_\_\_\_ No. of Days : \_\_\_\_\_

Off Day : \_\_\_\_\_ Rest Day : \_\_\_\_\_ Date return to work : \_\_\_\_\_

Shift /Office Employees [indicate the date]

**Type of leave [Pls tick ✓ where applicable] :**

Annual	<input type="checkbox"/>	Hospitalisation	<input type="checkbox"/>	
Compensation	<input type="checkbox"/>	Special Leave	<input type="checkbox"/>	_____ (Please specify)
Medical	<input type="checkbox"/>	Others	<input type="checkbox"/>	_____ (Please specify)

Applicant : \_\_\_\_\_ Signature \_\_\_\_\_ DD/MM/YYYY

Delegation [Relief]\* : \_\_\_\_\_ Signature[s] \_\_\_\_\_ DD/MM/YYYY

Remarks/Justifications/Reasons : \_\_\_\_\_

Note\* : Those delegated for signature, kindly ensure signature mandate have been completed and submitted to FAD

### Section C : Approval Details

**Immediate Supervisor [for non-exec / shift employees requires HOD signature ]**

Approved  Not Approved

Signature : \_\_\_\_\_  
[Signature and Date]

Remarks [if any] \_\_\_\_\_

### Section D : HRD

Leave Entitlement	
Leave brought forward	
[Leave taken to-date]	
[Current leave]	
<b>New Balance</b>	

Leave System updated : Yes / No / Not Applicable

SAP HR updated : Yes / No / Not Applicable

HRD : \_\_\_\_\_ Signature \_\_\_\_\_ DD/MM/YYYY

Remarks [if any] \_\_\_\_\_

**\*\*NOTE :**

This leave application form shall be filled with the guidance of Leave Administration Procedure [G00.OMH.M11750.ZP.0001.\*.]