

LEAVE APPLICATION FORM

I. EMPLOYEE INFORMATION

Name: Nurfazleen binti zakaria

Designation: OPS

Phone: 01110635834

Department: OPS

II. ANNUAL LEAVE / UNPAID LEAVE

Start Date: 4/6/2024

Return Date: 10/9/2024

Total Day(s): 98 DAYS

Reason for application of leave

MATERNITY LEAVE

• LEAVE RECORD

DESCRIPTIONS	# DAYS
Annual Leave Entitlement	
Annual Leave Utilized	
Leave now apply	
Others:	
Balance	

During my absence, Ms/Mr _____ shall stand-in for me to carry out my official duties.

Employee Signature/Date:

len 31/5/2024

Stand-in Employee Signature/Date:

Superior's Decision:

☐ Approved

☐ Denied

Reason:

Superior's Signature/Date: