



**Integrated
Corporate
Services**

Business Support Solutions

LEAVE APPLICATION FORM

Company seconded to: _____ Branch _____

Branch Manager: _____ Unit Head _____

Staff Name: _____

Staff Current Telephone Number: _____ E-mail Address: _____

Branch Tel. No.: _____ Designation _____

Type of leave applied for: Annual Maternity Examination Casual

My leave falls due on or about: _____

I would like to proceed on leave as from: _____ To: _____

Date of joining the company: _____

Contact address during leave: _____

Staff Sign & Date: _____ Tel No.: _____

Leave is approved as follows subject to above details being confirmed by the Personnel

To commence leave on: _____

and resume normal duty on: _____

Remarks (if any): _____

Branch Manager Authorized: _____ Unit Head Authorized: _____

ICSL Authorized: _____

NB: Forward the form immediately to Personnel Section for final approval