



LEAVE REQUEST FORM

Name :
First name :
Month¹ :

CAUSE	DATES	NUMBER OF WORKING DAYS
PAID VACATION	From to
	From to	
SICK LEAVE	From to
	From to	
ABSENCE/ SPECIAL LEAVE Nature ² :	From to
	From to	
NON PAID LEAVE	From to
	From to	

Employee signature :

Manager signature :

Date :

Date :

¹ Fill out a leave request form for each month concerned,
² Specify the nature of the leave (marriage, death, birth, recovery of,...),
N.B : Any request for special leave must be accompanied by proof,
N.B : Any absence from sickness must be accompanied by proof.