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  Nature2 : ………………………. | 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.