

DISCOVERER LEAVE APPLICATION FORM

A. Employee Information

Full Name: _____

Employee ID or Unique Identifier: _____

Job Title: _____

B. Type of Leave

I hereby apply for leave as set out _____

C. Leave Period - Inclusive of the first and last date

Start Date: _____

End Date: _____

Number of Days: _____

Hours (If Applicable): _____

I will resume my duties on _____

D. Declaration

I hereby confirm that the information provided in this leave application is accurate and understand that my leave will be subject to company policies and approval procedures.

Employee Signature

Date

E. Administrative Approval By Management

Approved

Not Approved

Employer Signature

Date

