

LEAVE OF ABSENCE FORM

Full Name			
IC no		IC colour	<input type="checkbox"/> Yellow <input type="checkbox"/> Purple <input type="checkbox"/> Green
Date of Birth	<input type="text"/> / <input type="text"/> / <input type="text"/>	Date first working	<input type="text"/> / <input type="text"/> / <input type="text"/>
Type of Employment	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Others:		
Job Position			
No of days			
From	<input type="text"/> / <input type="text"/> / <input type="text"/>	Until	<input type="text"/> / <input type="text"/> / <input type="text"/>
Reason for Leave	<input type="checkbox"/> Annual Leave <input type="checkbox"/> Unpaid Leave <input type="checkbox"/> Sick Leave <input type="checkbox"/> Study Leave <input type="checkbox"/> Compassionate Leave <input type="checkbox"/> Others: _____		
If flying off, where to			
From	<input type="text"/> / <input type="text"/> / <input type="text"/>	Until	<input type="text"/> / <input type="text"/> / <input type="text"/>
Signature		Date	<input type="text"/> / <input type="text"/> / <input type="text"/>

Authority Approval

Supervisor/Manager Name	
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Approved Disapproved

Reason for disapproval			
Supervisor/Manager Signature		Date	<input type="text"/> / <input type="text"/> / <input type="text"/>