

Leave Form

Written at.....

Date..... Month..... Year

Subject.....

To.....

I,....., position,.....

- Leaving for Sickness
 Personal Business
 Maternity

From (D/M/Y).....to (D/M/Y).....

in total.....days. Previously, I have asked for a sick leave personal leave

maternity leave from (D/M/Y).....to (D/M/Y).....

in total.....days. During my leave please contact

Best Regards,

(Signature).....

(.....)

Opinion of Superior

.....

.....

(Signature).....

Position.....

Date.....Month.....Year.....

- Approved No approved

.....

.....

(Signature).....

Position.....

Date.....Month.....Year.....

(Signature).....(Examiner)

Position.....

Date.....Month.....Year.....