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Leave Application Number

Leave Application Form

NOTE: 1. PLEASE FILL OUT THIS FORM WITH A BLACK PEN.
2. PLEASE FILL THE FORM IN BLOCK LETTERS ONLY AND WRITE NEATLY.

Employee details:

First name																														
Surname																														
Email address																														
Branch name																														
Payroll number							ID Number																							

Leave Application details:

Reason for requested leave (*please choose one option*) Other

<input type="checkbox"/> Annual leave	<input type="checkbox"/> Unpaid leave	<input type="checkbox"/> Family Responsibility Leave
<input type="checkbox"/> Sick Leave	<input type="checkbox"/> Maternity leave	<input type="checkbox"/> Study leave
<input type="checkbox"/> Other (please specify)		

Number of Leave days requested

Dates requested: From / /

To / /

Sign and Approval

Manager's name

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Employee Signature

Date / /

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Manager Signature

Date / /

-Once you have completed the form and it is signed by your manager and yourself, please submit it to Human Resources.
-You can physically hand the form in to HR, or scan the form and email it to leave@builders.co.za, or fax it to 0860 284 500.
-You **MUST** submit this leave form back to Human Resources, even if you are cancelling your leave request.

Thank You

Human Resources