

# Short-term Leave Application

Name

---

Employee/ID Number

---

Department/Section

---

Leave Start Date

YYYY-MM-DD

---

Leave End Date

YYYY-MM-DD

---

No. of Days

---

Type of Leave

e.g. Sick, Personal, Emergency, etc.

---

Reason for Leave

---

Applicant's Signature

---

Supervisor's Signature

Date

YYYY-MM-DD

---

Date

YYYY-MM-DD

---