

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
