CITE UP LIMITED
LEAVE REQUEST FORM

EMPLOYEE NAME:		EMPLOYEE CONTACT NUMBER:
DATE OF EMPLOYMENT:	CLIENT/WORK LOCATION:	

TYPE OF LEAVE REQUESTED:

☐ SICK	☐ VACATION	☐ NO PAY
☐ BEREAVEMENT	☐ CASUAL	☐ OTHER

COMMENTS:

PERIOD OF LEAVE	DD	MM	YYYY	TO	DD	MM	YYYY

NO. OF DAYS TAKEN	NO. OF DAYS BALANCE		RETURN DATE DD MM YYYY

EMPLOYEE SIGNATURE		DATE	DD	MM	YYYY

☐ APPROVED	☐ NOT APPROVED

MANAGER/ SUPERVISOR NAME:		DATE	DD	MM	YYYY
SUPERVISOR TITLE:		SUPERVISOR SIGNATURE:			

HR/ADMIN SIGNATURE		DATE	DD	MM	YYYY

COMMENTS: