

# Form: Application for Leave

|                                  |  |
|----------------------------------|--|
| <b>Employee Name and Surname</b> |  |
| <b>Personnel Number</b>          |  |

Please indicate leave type and duration of leave:

| Leave Type                    | Paid leave                 | Sick Leave | A.W.O.L.                 | Unpaid Leave | Compassionate Leave                 | Maternity Leave |
|-------------------------------|----------------------------|------------|--------------------------|--------------|-------------------------------------|-----------------|
| <i>Indicate option with X</i> |                            |            |                          |              |                                     |                 |
| <b>Dates</b>                  | <b>From:</b><br>(dd/mm/yy) |            | <b>To:</b><br>(dd/mm/yy) |              | <b>Total number of working days</b> |                 |

Please complete the section below if application is submitted for compassionate leave:

| Reason for compassionate leave               | Serious illness |                                     | Death   |                |
|--|-----------------|-------------------------------------|---|----------------|
| <i>Indicate option with X</i>                |                 |                                     |   |                |
| Employee's relationship with affected person | Spouse          | Biological or legally adopted child | Parent, grandparent or mother / father-in-law | Brother sister |
| <i>Indicate option with X</i>                |                 |                                     |   |                |
| <b>Please list name &amp; surname</b>        |                 |                                     |   |                |

Please note the following:

1. The "from" date will mean the 1<sup>st</sup> working day that the employee is on leave.
2. The "to" date will mean the last working day that the employee is on leave.
3. An application for Sick Leave for longer than 2 days need to be accompanied by a sick certificate, issued by a registered medical practitioner.
4. An application for compassionate leave need to include the reason for compassionate leave as well as the relationship to the relevant party.

\_\_\_\_\_  
Employee signature in application

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employer signature in approval

\_\_\_\_\_  
Date