

Leave Application Form	
Apply Date: ___/___/_____	
Employee Name:	Department:
Designation:	Employee Id:
Employee's Signature:	
Reason for Requested Leaves: <ul style="list-style-type: none"> <input type="checkbox"/> Sick leave <input type="checkbox"/> Bereavement <input type="checkbox"/> Unpaid Leave <input type="checkbox"/> Personal Leave <input type="checkbox"/> Maternity/Paternity <input type="checkbox"/> Other 	
Date Requested:	
Leave Form: ___/___/_____	To: ___/___/_____ Number of Day: _____
HR Manager Approval:	
Approved: Rejected:	
Important Comments:	

Authorize By:

Approved By:

CEO
Pixel Electric Company Ltd.

Managing Director
Pixel Electric Company Ltd.