

### Leave Request Form

Name:		Designation:	
Employee ID No.		Grade:	
Dept./Division:		Place:	
Type of Leave Applied For:			
Number of Days Applied For:			
Reason For Leave:			
From:		To:	
Signature:		Date:	
Supervisor:			
Comments and Recommendations:			
Signature:		Date:	
Controlling Officer:			
Approved Number of Days:			
Comments: (If any)			
Signature:		Date:	
Copies Sent to:			
HRAD	Controlling Officer	Supervisor	Applicant