

Special Unpaid Leave Application Form – HR 108 (o)

This form is to be used by employees to apply for Special Unpaid Leave. You must give a minimum of four weeks notice to your employer before commencing leave.
Please complete in Block Capitals/Tick appropriate boxes

Section 1. To be completed by Employee																													
Surname:							First Name:																						
Grade:							Personnel No: <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>																						
Location:							PPS NO: <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>																						
I hereby notify my employer that I wish to apply for Special Unpaid Leave.																													
Number of days Special Unpaid Leave applied for:																													
From date:							D	D	M	M	Y	Y	Y	Y	To date:							D	D	M	M	Y	Y	Y	Y
Signature:							Date:							D	D	M	M	Y	Y	Y	Y								
Section 2. To be completed by the Line Manager																													
I have checked the relevant supporting documentation required for the leave requested.																													
Application Approved							Yes <input type="checkbox"/> No <input type="checkbox"/>							If no, give reason:															
Signature:							Date							D	D	M	M	Y	Y	Y	Y								
Name:							Grade:																						
Contact Phone No:							Mobile No:																						
Email Address:																													
Section 3. To be completed by Human Resources Personnel Administration																													
System updated by:							Name:																						
Contact Phone No:							Date:							D	D	M	M	Y	Y	Y	Y								
Comments:																													
Section 4. Circulation List																													
1							2																						
3							4																						
5							6																						
7							8																						