Short-Term Vacation Leave Application

Name of Employee

_____

Employee ID

_____

Department

_____

Position/Title

_____

Type of Leave

_____

Leave Start Date

_____

Leave End Date

_____

Total Days

_____

Reason for Leave

_____

_____

Contact Details During Leave

_____

For HR/Admin Use Only

Leave Balance

_____

Approved By

_____

Date

_____

_____

Applicant's Signature

_____

Date