

# Short-Term Personal Leave Application for Paid Time Off

Employee Name

Employee ID

Department

Position

Leave Start Date

Leave End Date

Total Days

Reason for Leave

Contact Information During Leave

Delegated Person (if any)

\_\_\_\_\_  
*Employee Signature*

\_\_\_\_\_  
*Date:*

\_\_\_\_\_  
*Manager's Approval*

\_\_\_\_\_  
*Date:*