# Annual leave application form

## Employee’s details

|  |  |
| --- | --- |
| First name: |  |

|  |  |
| --- | --- |
| Surname: |  |

|  |  |
| --- | --- |
| Contact phone number: |  |

## Period of leave

|  |  |
| --- | --- |
| Last day of work: |  |

|  |  |
| --- | --- |
| Return to work date: |  |

|  |  |
| --- | --- |
| Total number of working days off: |  |

Comments:

|  |
| --- |
|  |

Signature of employee: Date: / / \

## Approval of leave (to be completed by manager/supervisor)

Approved  Not approved

Reason for refusal (if applicable):

|  |
| --- |
|  |

|  |  |
| --- | --- |
| Name of manager/supervisor: |  |

Signature of manager/supervisor: Date: / / \_\_\_\_\_\_

Accounts Recorded by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_