

Leave Request Form

Employee Name and Surname					
Employee Number/Department					
Calendar Year of the Leave					
Leave Request Start Date – End Date		No. of Hours		No. of Shifts*	
Return to Work Date					
Replaced By (Substitute employee)					
Employee	Date: _____ Signature: _____				
Superior	Date: _____ Signature: _____				

* Should the employee be requesting a different duration of leave than 1 shift or 0.5 shift, the section entitled 'No. of Shifts' is left blank (the section entitled 'No. of Hours' is completed).

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