



## Annual Leave Request Form

Employee Name: \_\_\_\_\_

Dates requested for Annual Leave: \_\_\_\_\_

Number of Days required: \_\_\_\_\_

Date Submitted for approval: \_\_\_\_\_

Signature of Employee: \_\_\_\_\_

Date Approved: \_\_\_\_\_

Approved By: \_\_\_\_\_

**All requests for leave should be submitted one week in advance**

Total Number of days taken so far for 2019: \_\_\_\_\_

Total Number of days left for 2019: \_\_\_\_\_