LEAVE APPLICATION

10:	
My full name:	
Position:	
Department:	
Reason for asking for leave:	
Time for asking for leave: from until	
☐ Paid leave	☐ Unpaid leave
Number of unused leave:	
Number of used leave:	
Number of applied leave:	
Number of remaining leave:	
Hope that Board of Company revise and create	the favor condition for me to leave.
Best regard,	
	, date month year
Director	Prepared by
(Signed, full name, sealed)	(Signed, full name)