

Short Term Leave Application Template

Please fill out this application form for any short-term leave requests (under 5 working days). Once filled, print this form for physical signature and submission.

Employee Information

Full Name:

Employee ID:

Department:

Job Title:

Leave Request Details

Leave Start Date (MM/DD/YYYY):

Leave End Date (MM/DD/YYYY):

Total Number of Days/Hours:

Type of Leave (e.g., Sick, Personal, Casual):

Reason for Leave:

Emergency Contact Information

Emergency Contact Person:

Relationship:

Contact Number:

Signatures and Approvals

By signing below, the employee requests the leave specified above, and the manager/supervisor acknowledges the approval or disapproval of this request.

Employee Signature: Date:

Supervisor/Manager Signature: Date:

Approval Status (Approved / Denied):