



LEAVE APPLICATION FORM

Company Name	ZUU Digital Financial Services Limited			
Employee Name				
Department		Position		
Type of Leave	<input type="checkbox"/> Annual Leave <input type="checkbox"/> Sick Leave <input type="checkbox"/> Maternity Leave <input type="checkbox"/> Paternity Leave <input type="checkbox"/> Unpaid Leave <input type="checkbox"/> Others : _____ <i>* Except for Annual Leave, please provide supporting documents for approval</i>			
Date Requested (Period)	From _____	Full A.M. P.M.	To _____	Full A.M. P.M.
	No. of Day (s)			

Employee	Back-Up Colleague	Line Manager
	<input type="checkbox"/> Acknowledged	<input type="checkbox"/> Approved <input type="checkbox"/> Rejected
Signature	Signature	Signature
Name :	Name :	Name :
Date :	Date :	Date :
<i>* For leave taken over 1 day, application must be acknowledged by your back-up colleague who will cover your job duties during your leave period.</i>		

HUMAN RESOURCES DEPARTMENT USE ONLY	
<input type="checkbox"/> Approved <input type="checkbox"/> Rejected	Recorded by :
Signature	Signature
Name :	Name :
Date :	Date :