

Short Leave Application

Date : ____ / ____ / ____

Employee Details	
Saffarini Staff ID	Full Name

Leave Details			
From Time	From Date	To Time	To Date
..... :	____ / ____ / ____ :	____ / ____ / ____

Period Of Leave		Reason For Leave
<input type="radio"/> Personal Leave <input type="radio"/> Personal Sick Leave (illness/injury) <input type="radio"/> Care's Leave (illness/injury/Other) <input type="radio"/> Official Leave (Please specify below) <input type="radio"/> Other	<div style="writing-mode: vertical-rl; text-orientation: mixed; font-size: small;">Notes for official Leave Only</div>	

Signature of Employee	Authorized Person