

## Sick Leave, Maternity Leave and Personal Business Leave Form

Written at \_\_\_\_\_  
Date \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

Subject \_\_\_\_\_

Dear \_\_\_\_\_

I am \_\_\_\_\_ Position \_\_\_\_\_

Division / Faculty \_\_\_\_\_

I would like to take leave  Sick  
 Personal Due to \_\_\_\_\_  
 Maternity

Starting from date \_\_\_\_\_ to date \_\_\_\_\_ requested (scheduled for) \_\_\_\_\_ day (s)  
My last  sick  personal  maternity leave is from date \_\_\_\_\_  
to date \_\_\_\_\_ requested (scheduled for) \_\_\_\_\_ day. During my leaving is  
available to be contacted me at \_\_\_\_\_ Telephone no. \_\_\_\_\_

(Signature) \_\_\_\_\_  
(\_\_\_\_\_)

### Leave record of this fiscal year

Type of Leave	Past Leave (working days)	Present Leave (working days)	Total (working days)
Sick			
Personal			
Maternity			

Remarks of Employer

\_\_\_\_\_  
\_\_\_\_\_  
(Signature) \_\_\_\_\_  
(\_\_\_\_\_)  
Position \_\_\_\_\_  
Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

(Signature) \_\_\_\_\_  
Position \_\_\_\_\_  
Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Decision  
 Allowed  Disallowed

(Signature) \_\_\_\_\_  
Position \_\_\_\_\_  
Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_