LANNY CAPITAL

Leave Application

Employee Details	
Date:	
Full Name:	
Department:	

I hereby apply for leave as follows:	
	Annual
	Sick
	Maternity

Leave Type	
	Half Day
	Full Day

Leave Start Date:	Leave End Date (Last day of Leave)	Date returning to Work:
D D / M M / Y Y	D D / M M / Y Y	D D / M M / Y Y

Reason for leave:

Leave Handover Details

Tasks

- All tasks that are pending and are due during the period you are on leave to be handled by chosen delegate. These includes Roll Overs, Loans to Conclude, Requests from Clients, Feedback to clients etc.

Pending Tasks to Delegate

Delegate Name:	
Date:	D D / M M / Y Y
Signature:	Signature _____

Meetings

- All Appointments you had with Staff/ Management or Clients.
- These are to be rescheduled to another date and communicated with relevant attendees.
- Some meetings with clients that can be delegated and don't need your presence can be added above as pending task so it will be handled by delegate.

Pending Appointments / Meetings with Clients / Management	Reschedule Date

Note: This Application is not approved unless authorized by the Management

Fill-in by Management	
	Paid Leave
	Unpaid Leave

Employee Signature	Signature _____