ANNUAL LEAVE RECORD

HUMAN RESOURCES DOCUMENTS

Name of Employee: _____

Designation: _____ Department _____

Supervisor_____

Entitlement: _____

Date	Leave Application #	Total Days Taken	Reasons for Leave	Balance – Leaves	Supervisor – Sign.

Note / Annual End: _____

_____

_____

Employee Sign _____ Date_____

H.R. Executive Sign _____ Date_____