Extended Leave Approval Form

Employee Name	
Employee ID	
Department	
Position	
Manager/Supervisor	
Leave Details Type of Leave	
Start Date	~
End Date	
Total Number of Days	
Reason for Leave	
Contact Information During Leave	
Delegation/Work Handover Details	
Approvals	
Employee Signature	
Date	
Manager/Supervisor Signature	
Date	
HR Signature	

Date		