

ITC SERVICES

Local/Bereavement Leave Application Form

From: **Date**20.....

To:

I wish to apply for **day/days local/bereavement leave/time-off**

effective on/from **to**

Signature if Applicant: **EDP No**

A. Reasons:

Address and Telephone Contact on Leave:

.....

B. Recommended/Not Recommended:

Comments:

SUPERVISOR/TEAM LEADER:

C. Comments:

ASSISTANT MANAGER:

D. Leave Due:.....**Leave Applied for:**

Balance:

E. Time-off Due:.....**Time-off Applied for:**

Balance:

EXECUTIVE OFFICER:

F. Leave Approved/Not Approved

MANAGER ITC SERVICES: