



# Leave Request

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Revision No.: 00

Date: June.27.2023

Full Name:	Personnel Code:	Position:
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Type of leave:	Paid Leave	Sick Leave	Emergency Leave
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<input type="checkbox"/> Hourly Date: ..... / ..... / ..... From: ..... (AM/PM) To ..... (AM/PM)	<input type="checkbox"/> Daily From: ..... / ..... / ..... To ..... / ..... / ..... Duration: ..... day(s)
Signature and date:	Signature and date:

Replacement:	Replacement:
Signature and date:	Signature and date:

### Step 1: Direct manager approval

His/her leave request is approved. <input type="checkbox"/>	His/her leave request isn't approved. <input type="checkbox"/>
Signature and date:	

### Step 2: HR Manager approval

His/her leave request is approved. <input type="checkbox"/>	His/her leave request isn't approved. <input type="checkbox"/>
- Remaining monthly leave day(s): .....	
Signature and date:	

**Notice:**  
To take paid leave, get direct manager approval one week in addition after choosing a replacement, then get HR manager approval, and finally deliver the original copy of this form to HR department.  
To take emergency leave, do the above process one day before or in the morning of the same working day.  
To take sick leave, deliver your documents to the HR department from the clinics approved by the organization.

