

## TRAINEE APPLICATION FOR LEAVE OF ABSENCE

To: \_\_\_\_\_  
*Name of Supervisor/Head of Department*

Name of Trainee: \_\_\_\_\_

Training Location: \_\_\_\_\_  
*Organization Name and Address*

Type of Leave Requested: \_\_\_\_\_ **PERSONAL** \_\_\_\_\_

For the period \_\_\_\_\_ to \_\_\_\_\_

I wish to apply for \_\_\_\_\_ day(s) leave for the above-mentioned period.

Yours Faithfully

\_\_\_\_\_  
*Trainee's Signature*

Date: \_\_\_\_\_

Forwarded and Recommended: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by: \_\_\_\_\_  
*Name*

\_\_\_\_\_  
*Title*

\_\_\_\_\_  
*Signature and Department /Company Stamp*

Comments: \_\_\_\_\_

Leave Eligibility per annum:

5 Days sick leave;

7 days personal leave to be granted on discretion of supervisor

No. of **PERSONAL** days applied for: \_\_\_\_\_

No. of **PERSONAL** days already taken: \_\_\_\_\_

No. of **SICK** days already taken: \_\_\_\_\_