

**BAKERY 168**

**LEAVE FORM**

The letter must be submitted to the Head of Department or the Head of Department

**Legal Information**

**Employee’s name:**  **Role**

**Department**:

**Chief in charge**:

**Absence Reuest ៖**

 Annual Leave Sick Leave Prenancy Leave

 Others

DD MM YY

DD MM YY

**Period:** .........Days From / / Until / / Back to Work

 DD MM YY

 on / / .

**Reason**:

*(You must complete this form and submit it to the Manager or Supervisor at least two days prior to the your leave, unless there is an accident, illness or emergency. For more information, contact the Human Resources Manager)*

Requester Signature and Name

Date

**Manager Review**

Approve

Not Aprrove, Because:

Signature and Manager's Name

Date

*(The Supervisor or Division Manager will hand the document over to the HR manager after signing)*