



PEGASUS AUTOMATION SDN BHD (778197-P)

LEAVE APPLICATION FORM

Employee name: _____

Date: _____

Department: _____

I would like to apply for _____ day/days leave, with effect from _____ until _____
(Excluding Sunday & Public Holiday). Any inconvenience caused is very much regretted.

Reason : _____

Contact No : _____

Remark:	
Taken A/L	<input type="checkbox"/>
Balance A/L	<input type="checkbox"/>
Taken R/L	<input type="checkbox"/>
Balance R/L	<input type="checkbox"/>

1 Annual Leave (max:12d/15d)

6 Funeral & Disaster Leave (3d)

2 Medical Leave (max:12d)

7 Maternity Leave(F/60d, M/5d)

3 Emergency Leave

8 Voting Leave (1d)

4 Replacement Leave

9 Unpaid Leave

5 Bereavement Leave (3d)

10 Others

*All leave application should be applied 3 days in advance.

Applicant's Use	For Office Use	
Applicant's Signature:	Verified By (HOD):	Approved by (Management):

Version:- A008 - 201601



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