Stag Match®
Strive Towards 'A' Grade

LEAVE & MC FORM APPLICATION

DATE OF APPLICATION : _____ BRANCH : _____

NAME :_____ DESIGNATION : _____

LEAVE TYPE : ☐ FULL DAY ☐ HALF DAY

FROM : _____ TO _____ (N0. OF DAY(S) : _____)

LEAVE CATEGORY: ☐ ANNUAL LEAVE ☐ UNPAID LEAVE ☐ MEDICAL LEAVE

REASON :

_____

_____

_____

RELIEF STAFF NAME :_____ CONTACT:_____

_____ _____

APPLICANT'S SIGNATURE DATE

Note:

1. All leave should be submitted at least 1 week before the leave day and subjected to supervisory approval .
2. Application for sick leave needs to be submitted together with MC on the next working day.
3. Employees are not allowed to take leave on their consecutive working days during the school semesters.
4. Once exceeded the number leave and MC, employee will not be approved for any "No-Pay Leave" application and if insist, employee will be liable to pay a penalty of $50.

FOR OFFICAL USE ONLY:

APPROVE / NOT APPROVE BY : _____

DATE OF APPROVE : _____

REMARKS : _____