

Date:/...../20....

[Company name]
Human Resources

EXCUSED LEAVE REQUEST

I work in the [Department] department as [Job title]. For the reason ticked below, I would like to take paid excused leave under Additional Article 2 of Labour Law No. 4857 between [Start date] and [End date].

- ☐ Marriage (3 days)
- ☐ Adoption (3 days)
- ☐ Death of a parent, spouse, sibling or child (3 days) — relationship: [Relationship]
- ☐ My spouse giving birth — paternity leave (10 days)
- ☐ Treatment of my child with at least 70% disability or a chronic illness (up to 10 days a year; with a medical report)

Date of the event:

Attachments (marriage, death or birth certificate, medical report):

I kindly ask for your approval.

Full name:

Employee number (if any):

Signature:

Manager approval

Name:

Signature:

Date:

Human Resources

Name:

Signature:

Date:

By law, bereavement leave covers only a parent, spouse, sibling or child; for other relatives the workplace leave policy applies.