

LEAVE REQUEST FORM

Employee details

Full name:

Employee number:

Department / job title:

Start date:

Leave type

- ☐ Paid annual leave
- ☐ Excused leave (marriage, adoption, bereavement, paternity, disabled child care)
- ☐ Unpaid leave
- ☐ Travel leave (unpaid, up to 4 days)
- ☐ Time off in lieu (for overtime)
- ☐ Other: [Description]

Leave period

Start date:

End date:

Return to work:

Total (working days):

Stand-in during leave:

Phone during leave (optional):

Notes:

Employee's signature:

Date:

Approvals

Manager approval

Name:

Signature:

Date:

Human Resources approval

Name:

Signature:

Date:

For Human Resources

Annual leave remaining (before request):

Annual leave remaining (after request):

Date entered in the leave record:

Do not attach documents containing health information, such as medical reports or pregnancy check-ups, to this form; store them separately with restricted access as special category personal data (KVKK, Art. 6).