Staff Leave Sheet

FROM TO

Name……

Your annual entitlement is . . . . . days *(Pro rata)*

Dates		**Annual Leave**			**All Other Leave**	
Day and month of first day	Day and month of last day	No. of days applied for	Total No. of days taken over the year	Balance (of remaining leave)	No. Of days applied for	Approved by *(signature)*

SAMPLE

Total Days taken……
Total Outstanding at the end of the year……
Signed ……

Dates		Sick Leave Record				
Day and month of first day	Day and month of last day	Doctors' certificate received Yes /No	No. of days Doctor's certificate covers	Total No. of days taken over the year	*Brief description of illness*	Approved by *(signature*

SAMPLE

Total number days taken due to sick leave at the end of the year : ……

Manager /Chairperson /Owner Signature ……
Employee's Signature ……..