

Earned Leave Request Statement

Employee Name: John Doe
Employee ID: 123456
Department: Human Resources
Date of Request: 06 June 2024

Leave Details

Type of Leave Requested	Number of Days	Start Date	End Date	Reason
Earned Leave	5	2024-06-17	2024-06-21	Personal

Leave Balance Summary

Total Earned Leave Available	Leave Requested	Leave Remaining
15	5	10

Applicant's Declaration

I hereby certify that the information provided above is true and accurate to the best of my knowledge. I request approval for the mentioned earned leave.

Employee Signature

Manager's Approval

Important Notes

- Ensure your leave balance is sufficient before submitting the request.
- Attach any necessary supporting documents, if required by your organization.
- This document must be duly approved by your immediate supervisor or manager.
- Unutilized earned leave is subject to company policy regarding accumulation and carry-forward.
- Submit your leave request well in advance to ensure proper workflow management.