



# BMC International College

Enriching Lives since 1966

Blk 162, Bukit Merah Town Centre, #03-3555, Singapore 150162 Tel: 6273 5611 Fax: 6273 5613 www.bmc.edu.sg

## STAFF LEAVE APPLICATION FORM

(HR Form / Version 2 / 20<sup>th</sup> May 2014)

This form MUST reach HR office 7 days BEFORE the date of leave [NB. URGENT LEAVE applications may be considered either paid (with documented evidence) or unpaid (without documented evidence)]. HR department may reject any application which is received less than 7 days from the date of leave. Please be reminded that the submission of application form does not guarantee the leave will be approved. This application is subject to the management's approval. All employees must abide by the process and procedures related to leave.

The reason for the leave shall be kept confidential. Meanwhile the date(s) of leave will be made known to relevant officer(s) and/or colleague(s) for replacement of manpower and/or arrangement of work schedules and/ or assignment of task while the employee is on leave.

<b>Date Applied</b>	:		
<b>Employee's Name</b>	:		
<b>Designation</b>	:		
<b>Department / Centre</b>	:		
<b>Classification of Work</b> (Please tick ✓)	<input type="checkbox"/> Academic [ <input type="radio"/> Teaching <input type="radio"/> Non - Teaching ]	<input type="checkbox"/> Non - Academic	
<b>Type of Employment</b> (Please tick ✓)	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	<b>Type of Leave</b> (Please tick ✓)	
<b>Leave Application Details</b>		<input type="checkbox"/> Annual <input type="checkbox"/> Unpaid <input type="checkbox"/> Maternity <input type="checkbox"/> Extended Maternity <input type="checkbox"/> Childcare <input type="checkbox"/> Off In Lieu <input type="checkbox"/> Replacement of Hours	
<b>Total No of Days Applied</b>	:		
<b>Leave Application Period</b>	: from _____ to _____		
<b>Leave Dates and Days</b> (please fill in the table below) [For Replacement of Hours : Please indicate number of hours replaced and date in remark column] [For Off in lieu : Please indicate the rest day (date) you worked and intend to replace in remark column]			
Date	Day	No of Day (on leave)	Remark

<b>Reason:</b>	<b>Applicant's Signature:</b>

FOR OFFICIAL USE	
Recommendation by Immediate Superior : This leave application is : <input type="checkbox"/> recommended <input type="checkbox"/> not recommended Please specify if 'not recommended': _____ _____ Signature of Immediate Superior : Name:	Approval by The Management/Authorised Officer : This leave application is : <input type="checkbox"/> approved <input type="checkbox"/> not approved Please specify if 'not approved': _____ _____ Signature of Director / HR Manager : Name: