



RC: 679920

ICL SUPPORT SERVICES LIMITED

ICL Support Services Limited

Tel: (01) 4530065, 07059584200, 08170732700

26B, Oyedele Ogunniyi Street,
By Prince of Anthony Hotel,
Anthony Village,
Lagos, Nigeria

Fax: (01) 2702520
Email: infoiclssl@iclgrouppng.com

LEAVE APPLICATION FORM

Client Name:

Date of Employment:

Branch/Location:

TICK APPROPRIATE LEAVE

ANNUAL LEAVE ;	<input type="checkbox"/>
EXAMS LEAVE:	<input type="checkbox"/>
SICK LEAVE:	<input type="checkbox"/>
MATERNITY LEAVE:	<input type="checkbox"/>

STAFF DETAILS

Name of Staff:

Designation: Number of Leave Days Entitle to

No of Days Already Taken this Year..... No of Days Applied for:

Commencement Date: Resumption Date

Applicant's Signature: Date

CONTACT ADDRESS WHILE ON LEAVE:

.....

Mobile NO (s): WhatsApp NO

Personal Email Address:

AUTHORIZED SIGNATURE

Supervisor's/Manager's Comments:

.....

Number of Days Approved: Not Approved:

Name Designation.....

Official Email:

Mobile NO(s): Office No

Supervisor/HOD' Signature: Date: