



SA Mental Maths cc  
Registration number: 2008/170780/23  
Tel: 011-907 0803 Fax: 011-907 0805  
21A 8th Avenue, Alberton North  
PO Box 136407, Alberton North, 1456

**APPLICATION for Leave**  
**(please complete in print)**

Surname:

Code:

  
*Office use only*

Full Name:

Title:

Type of Leave:

**Type of Leave:**  
Annual Leave  
Unpaid Leave  
Sick Leave  
Other Leave

Date From:

Date To:

Days Taken:

Signature:

Date:

Decision:

  
*Office use only*

Leave available:

  
*Office use only*

Manager:

  
*Office use only*

Indexed by:

  
*Office use only*

Date:

  
*Office use only*

Indexed date:

  
*Office use only*