

CIIC-HIN OFFICE

ANNUAL LEAVE FORM

Names:	<input type="text"/>	
Position:	<input type="text"/>	
Matricule Number:	<input type="text"/>	
Type of Leave: <small>(Annual/sick/maternity/ flexi/circumstances)</small>	<input type="text"/>	
Number of Days:	<input type="text"/>	
Starting Form:	<input type="text"/>	To: <input type="text"/>
Requested by (Staff):	<input type="text"/>	
Approved by (Supervisor):	<input type="text"/>	
Verified by (HR):	<input type="text"/>	
Authorized by (CIIC-HIN MD):	<input type="text"/>	

Signature & Stamp _____