

BRAVO Personnel Consultancy Limited

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LEAVE APPLICATION FORM for Temporary Staff (Annual Leave / Sick Leave with Medical Certificate / No Pay Leave)

Name of staff : _____ Contact Tel. : _____

Company : _____

Period : From _____ to _____

No. of workday(s) : _____

Reason : _____

Applied by,

Confirmed by,

Signature of staff

Date:

Signature and Company chop

Name:

Title:

Date:

Important Note

- (1) All the staff are entitled to your first Annual Leave* after completing twelve months of service.
- (2) All the Annual Leave must be prior confirmed by the CLIENT.
- (3) Saturday will be counted as one working day.
- (3) Bravo Personnel Consultancy Limited reserves the right for the final approval.

(* Annual Leave – in accordance with the provisions of the Hong Kong Employment Ordinance)

Approved by

Bravo Personnel Consultancy Ltd

Authorized Signature

Name:

Date: