



MATERNITY LEAVE APPLICATION FORM

To:

Deputy Director:

Assalamualaikum warahmatullahi wabarakatuh

- 1) I would like to apply a maternity leave for days from the date of expected delivery/earlier than the expected date of delivery from until.....
- 2) My expected delivery date is on.....
- 3) Total of maternity leave taken before are days out of the maximum 300 days.
- 4) Attached is the supporting document from the clinic / government or private hospital confirming the expected date of childbirth.
- 5) I certify that the information given is true.

.....
Name :
Staff No. :
Date :

Approved by:

.....
(Official stamp)

Date :

Acknowledgement by : Senior Assistant Director, Administrative & Finance, ITD

.....
(Name:)

Date :