



Fyno Precision Pte Ltd
For Your Needs only

FYNO

LEAVE APPLICATION FORM

Name Of Employee : _____

Leave Period From : _____ to _____ (Days)

Leave Reason : _____

Leave Type : Please tick (v) box below.

☐ Annual Leave

☐ Compassionate Leave 

☐ Unpaid Leave

☐ Hospitalisation Leave

☐ Paternity Leave 

☐ Medical Leave

☐ Maternity Leave 

☐ Training Leave

☐ Child Care Leave 

☐ Others
(please state reason) _____

Approval By :

Applicant's Signature & Date

Department Head

Form 900-01

