



SPECIAL LEAVE APPLICATION FORM (SL1 Form)

*TO BE COMPLETED BY THE EMPLOYEE, AND EMPLOYEE'S MANAGER,
THEN SUBMITTED TO THE DEPARTMENT OF HUMAN RESOURCES.*

NAME OF EMPLOYEE: _____ EMPLOYEE NO. : _____

DEPARTMENT: _____

Duration of Special Leave (please state the date as dd/mm/yy):

First day of Leave: _____ Last Day of Leave: _____

Reason for Leave: _____

.....
Please confirm, by placing an X in the space provided that you have read VMware's Special Leave Policy

I have ()

Employee Signature: _____ Date: _____

Manager Signature: _____ Date: _____

HR Signature: _____ Date: _____

EMPLOYEE REMINDERS:

- *If you are availing of unpaid Leave – you must arrange pension contributions with the provider – please speak to HR for more details.*
- *If the leave is for jury duties please provide the certificate of attendance from the Jury's Office.*