Q-Mart Retail Private Limited
LEAVE APPLICATION

Date: ………………..

(To be filled in by applicant)

Employee Code:				
Employee Name:				
Department:				
Leave applied for ____ days	From:		To:	
Reasons for Leave:				
In absence tasks assigned to:				
Address while on leave:				
Contact No.:				
Signature:				

(For Official Use Only)

Leave Sanctioned by: Yes ☐   No ☐
(Head of Department)

Signature: _____   Date: _____

By HR Department: Yes ☐   No ☐

Signature: _____   Date: _____