



## Leave Application form

ID No :

Name of  
Applicant :

Designation :

Department :

Reason Of Leave :

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Contact Address during leave :

Name of Leave :

Day of Leave :

Total Leave taken :

Replacement person

**Name**

signature

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Applicant Signature

Approved by Departmental head

Approved by HR Dept.  
Authorized by

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**For Office Use Only**

**For Permanent Employee**

<b>Leave Status as on:</b>	<b>Annual Leave</b>	<b>Sick Leave</b>	<b>Casual Leave</b>	<b>Total Rest Leave</b>
<b>Leave in hand:</b>				
<b>Leave taken by this application:</b>				
<b>Leave after this approval:</b>				

Authorized by **Incharge, HR. dept.**

ts himself/herself should submit the leave application form to the Human Resource Department 7  
ys before the proposed date(s).(without sick leave)

ve over 2 (two) days must be supported by the medical certificate.

uthorized leave will be considered as Leave without Pay.

ompletion of “For Office Use Only” portion the original application to be retained by Human Resource  
t and the photocopy of the same to be distributed to the applicant for his/her reference.