

## LEAVE APPLICATION FORM

Student Name: <EMPLOYEE\_NAME>

Student ID: <EMPLOYEE\_ID>

Department: <DEPARTMENT>

Register number: <REGISTER\_NUMBER>

Leave Type: <LEAVE\_TYPE> (Sick Leave / Casual Leave / Annual Leave)

Leave Duration: From 0011-11-11 To <END\_DATE>

Total Days: <TOTAL\_DAYS>

Reason for Leave: <LEAVE\_REASON>

Address during leave: <ADDRESS\_DURING\_LEAVE>

I hereby request you to grant me leave for the above-mentioned period. I assure you that I will complete all pending work before my leave and will ensure a smooth handover to my colleague, if necessary.

Date of Application: <APPLICATION\_DATE>

Signature: <STUDENT\_SIGNATURE>

Approved By: <SUPERVISOR\_NAME>

Date of Approval: <APPROVAL\_DATE>