



Barind Media Ltd.

Ahmed Tower, 28 & 30, Kemal Ataturk Avenue
Banani, Dhaka 1213, Bangladesh



Office copy

Date:

Leave Application Form

Applicant Name :				Employee ID :			
Designation :				Department :			
Details of Requesting Leave							
No. of Day(s)	day(s)	From:			To:		
If Half Day	Not Required <input type="checkbox"/>	Morning <input type="checkbox"/>			Evening <input type="checkbox"/>		
Leave Type	Casual <input type="checkbox"/>	Sick <input type="checkbox"/>	Annual <input type="checkbox"/>	Replacement <input type="checkbox"/>	Without Pay <input type="checkbox"/>		
Available Leave	day(s)	day(s)	day(s)	days			
Station : (During Leave)				Contact : (During Leave)			
Person In-Charge : (During My Leave)				<hr/> Signature			
Reporting To :				<hr/> Signature			
Reason of Leave :				<hr/> Applicant's Signature			
				<hr/> Date:			



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Applicant copy

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Available Leave	day(s)	day(s)	day(s) days
Endorsed by HR Department			
Date:	Name:		