



Leave Application Form

Office copy

Date:

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) :						
					Signature	
Reporting To :						
					Signature	
Reason of Leave :						
					Applicant's Signature Date:	

Approved by Departmental Head	Approved by Final Authority	Endorsed by HR Department
Date:	Date:	Date:



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