Barind Media Ltd.

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

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 ☐		Morning ☐		Evening ☐	
Leave Type	Casual ☐	Sick ☐	Annual ☐	Replacement ☐	Without Pay ☐	
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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Endorsed by HR Department

Date:

_____
Name: