



Leave Request Form

EMPLOYEE NAME:

SUMAN LUHAR

DEPARTMENT:

Receptionist

REASONS FOR REQUESTED LEAVE (PLEASE TICK THE APPROPRIATE BOX)

- ☐ Annual Leave ☐ Bereavement ☐ Parental Leave Others ☐
☐ Maternity Leave ☒ Sick Leave ☐ Unpaid Leave

REQUESTED
DATE :

Date Range: From

To

Date: 3/6/25

☒ Half Day

☐ Full Day

☐ Mid-Day Leave

EMPLOYEE'S SIGNATURE

Suman

MANAGER/SUPERVISOR APPROVAL:

☒ Approved

☐ Rejected

DUTY ASSIGNED TO:

Babu Lal