

## LEAVE APPLICATION

### ❖ Applicant's Information

1. Staff ID (If Any) : 2. Date\* :  
 3. Applicant's Name\* :  
 4. Contact Number\* : 5. Joining Date\* :  
 6. Designation\* : 7. Department\* :  
 8. Current Address\* :

**Dear Sir/Madam,**

I would like to apply for ( ) day(s) leave from  
 for . Please, kindly consider my application.

### ❖ Additional Information

9. Contact Person\* :  
 10. Contact Number\* : 11. Relationship :  
 12. Address While on Leave\* :

### ❖ Alternative Person (If Any)

13. Name of Employee :  
 14. Designation :

**Applicant's Signature**

**Head of Department / CEO**

#### Notes:

- Application for casual leave shall be filled in advance at least three (3) days before going on such leave.
- An employee must notify his/her department head for casual leave & also before each absence due to illness or other issues to be recorded & paid for casual/sick leave, except in the case of an emergency.
- Application for Sick leave filled in advance, or exceeding three (3) days shall be accompanied by a Medical Certificate.

## OFFICE PURPOSE ONLY

(To be filled by HR & Admin Dept.)

**Dear Applicant's,**

- Your leave application from ( ) day(s)  
 leave has been ( ) day(s) Approved, ( ) day(s)  
 not been Approved, ( ) day(s) been recorded.

★ Leave Balance	Total	Spend	Left
- Sick Leave	14		
- Casual Leave	10		
- Annual Leave	-		
- Others (If Any)	-		
<b>Total Balance</b>	<b>24</b>		

**HR & ADMIN**

(Signature with Date)

**Contact**

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