

## **LEAVE APPLICATION FORM**

Name of the Employee: .....

Date of Joining (as per contract): .....

Designation & Department: .....

Nature of Leave to be availed (Casual/Sick/Annual) .....

Duration (Date): From ..... to .....

Total no: of days: .....

Reason for taking leave: .....

Contact Address and Nos. while on leave .....

Contact: .....

Date & Signature \_\_\_\_\_

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### **FOR APPROVER ONLY**

#### **Pre-Approval by**

Reporting Manager

Reporting Manager Comments: .....

HR Executive: .....

#### **Final Approval:**

Earned / Sick / Casual Leave granted from ..... to .....for ..... days

Earned / Sick / Casual Leave rejected due to .....

Date \_\_\_\_\_

Ejaz Alam

Manager

Manager Comments: .....

Mohammad Shahbaz Alam

MD