

## Leave Application Form

m Intelles Date:	Full St	1,2021	Confirmation	n Date:	. 105	
Company:	Amana	GROUP	🗷	Branch:	Harra	
Department//S	ection:	Without Pan	(LWP)			
Praying for Leave:	we from	9-10-24	1	19-10	7-24	
■ Purpose of Lea	ive: Per	rsonal iccu	le			
Address during	Leave:	Varrail				
				Recommendation of Concerned Organization/Dept./Sec. In-charge		
Jahin	asan	Note:				
			e of Officer as to be carried out)	Signature:  Name: MD: Woalid Hossey  Designation: Director  ID No.:		
		Applican	t's Leave Reco	ord		
		(To be filled	up by concerned offic	6)		
			Granted Leave	Total Leave	Leave	Remarks
	Available Leave	Leave already Availed	(To be filled up after approval)	Availed	Balance	
Casual Leave		AND RESERVED AND THE PARTY OF T	(To be filled up after	The state of the s		
Earned Leave		AND RESERVED AND THE PARTY OF T	(To be filled up after	The state of the s		
Casual Leave Earned Leave		AND RESERVED AND THE PARTY OF T	(To be filled up after	The state of the s		
Casual Leave Earned Leave Medical Leave	Leave	Availed	(To be filled up after	Availed		









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Today

আসসালামু আলাইকুম স্যার
আমি, গত ২৮-০৯-২০২৪(শনিবার) হাফ
দিন, ১২-১০-২০২৪(শনিবার) অসুস্থতার জন্য
এবং ১৯-১০-২০২৪(শনিবার) চাচার মৃত্যুর
জন্য ছুটি নিয়েছি। আপনি অনুগ্রহ করে
আমার এই ছুটিগুলা অনুমোদন দিবেন।
ধন্যবাদ স্যার।

Approved 9:57 am







