LEAVE APPLICATION FORM

Employee Name : D. M. Chamika Sampath

Department : IT

Designation : Intern

Employment No. :

Reason for requested leave: ~~Sick/ Bereavement/ Unpaid Leave/ Personal Leave/ Maternity/ Paternity~~/ Study Leave

Days requested : 02 from: 03/09/2019 to: -04/09/2019

Employees Signature : Date: 02/09/2019

Approved/Rejected :

Manager/ Director’s Signature: