**LEAVE LATTER**

**PROFESSIONAL WATER PROOFING AP.**

**BRANCH:-AHMEDABAD DATE:-13.09.19.**

**Application for: - CASUAL/ SICK/PRIVELEGE LEAVE.**

**NAME OF THE EMPLOYER: -S. RAMESH ID NO: PWPAP/19**

**Kindly grant me CASUAL/SICK/PRIVELEGE LEAVE FOR DAYS:-[06]**

**FROM:-06.09.19 TO:-12.09.2019**

**REASON FOR LEAVE: - DUSSEHRA FESTIVAL.**

**RECOMMENDED BY: SHASHIDHAR.M**

**DEPARTMENTAL HEAD: PREMRAJ .P**

**SIGNATURE OF THE APPLICANT,**

**S.RAMESH**

**DATE: - 13.09.19.**

**REMARKS: A) Days of casual leave to his/her credit [CL-12 DAYS].**

**B) Days of sick leave to his/ her credit [SL-10 DAYS].**

**C) Days of privilege leave to his/her credit […………].**

**AUTHORIZED SIGNATORY.**