

DUTY LEAVE REQUEST FORM

To :

Through :

From :

Date :

Sub :

Kindly authorize following employee/employees to grant duty leave on from
 am / pm toam/ pm as he/she/they is /are intending to participate for the

 held at

No.	EPF NO.	Name	Approval of the Departmental Head			
			Department	Name	Designation	Signature
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