

SURYA'S MiB ENTERPRISE

Leave Application / On Duty Form

Name: _____

ID: _____ Department: _____

Designation: _____

Type of Leave: ☐ Sick ☐ Casual ☐ Annual ☐ On Duty

From (Date): _____ To (Date): _____

Total Days: _____

Reason for Leave / On Duty:

Contact Address / Phone During Leave:

Signature of Employee: _____

Date: _____

Recommended: _____

Approved by (Admin): _____