**Leave Application Form**

**Date:** ………………………………………………

**Applicant’s Name:** ……………………………………………………………………………..…………………….................

Designation: ……………………………………………………………………………..……………………..............

Department: ……………………………………………………………………………..……………………..............

Contact Number: ……………………………………………………………………………..……………………..............

Email Address: ……………………………………………………………………………..……………………...…………….

Type of Leave: ⁭ Casual Leave ⁭ Sick Leave Without Pay No Pay ⁭ Maternity Leave ⁭ Others

Report for duty on: ……………………………………………………………………………..……………………..............

**Period of Leave Required:**

Day/Days: …………………, From: ……………………….…….…………………To……………………….…….…………

Reasons for Leave: ……………………………………………………………………………...……………………............

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of the Applicant

Date: …………………….

**Recommendation of Department Head**

Replacement Name: ……………………………………………………. Designation………………………………………

Department: …………………………………………………………………………….…………………….............  
Comments (if any): ……………………………………………………………………………..……………………..............

Signature of Departmental Head

Date: …………………………...

**HR Department Use Only:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Leave dues as on** | **C/L** |  | **S/L** |  | **Mtn/L** |  |

Comments (if any): ……………………………………………………………………………..……………………..............

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of HRD Approval of Chief Operating Officer

Date: ……………………... Date: ………………………...........

\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

Note: Application to be submitted at least 7 days before (in case of Casual leave) commencement of leave except emergency purpose.

**Total Leave:**

Casual Leave: 15 days, Sick Leave: 15 days.

|  |
| --- |
| V/N:LF/001202 |