



## LEAVE APPLICATION FORM

Name : \_\_\_\_\_  
Designation : \_\_\_\_\_

Department : \_\_\_\_\_

### TYPE OF LEAVE (Please tick ✓)

Annual Leave ☐  
Emergency Leave ☐  
Maternity Leave ☐  
Paternity Leave ☐

Unpaid Leave ☐  
Medical Leave ☐  
Hospitalization Leave ☐  
Others ☐

### Note:

- 1) All Annual Leave applications must be submitted five (5) working days before commencement of leave. If the leave is applied less than five (5) working days, it shall be treated as Emergency Leave (EL).

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Reason: \_\_\_\_\_

Total No. of leave : \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_

Contact No. while on leave: \_\_\_\_\_

### IMPORTANT COMMENTS:

Signature of Applicant : \_\_\_\_\_

Approved Signature : \_\_\_\_\_  
(HOD/HR)

Date : \_\_\_\_\_

Name : \_\_\_\_\_

Date : \_\_\_\_\_