**LEAVE APPLICATION FORM**

Date: 10/06/2024

|  |  |
| --- | --- |
| **Employee Name** | ABDULLAH S M |
| **Job position** | Technical Intern |
| **Department** | IT |

|  |  |  |
| --- | --- | --- |
| **CATEGORY OF LEAVE** |  |  |
| Festival Leave: 3 | Sick Leave: | Medical Leave: - |
| Marriage leave: | Pregnancy leave: | Casual: |
| Vacation leave: | Emergency leave: | paid /unpaid leave: Un Paid Leave- 2 |
| Sick leave requiring travel: | **others:** | No. of days paid for: 1 |

Number of days leave required: 03.

|  |  |
| --- | --- |
| Leave starts from: 17/06/2024 | To: 19/06/2024 |

**Employee's signature**: Abdullah

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Approving Managers | Name | Signature | Approved | Not Approved |
| HR Department | JAYAPAL C |  |  |  |
| Team manager |  |  |  |  |
| General manager |  |  |  |  |

**Note: Leave should be apply a week before**