



Leave Requisition Form

Part 1 (To be filled by Employee)		Date of Initiation:
Full Name : _____		
Job Title : _____	Employee Code : _____	
Department : _____	Business Unit : _____	
Leave Type		
Annual [<input type="checkbox"/>]	Encashment [<input type="checkbox"/>]	Leave Without Pay [<input type="checkbox"/>]
Leave With Pay [<input type="checkbox"/>]		
Leave Information		
Leave From: _____	Leave up to : _____	No of Days : _____
Return to duty date: _____		
Contact Details while on vacation		
Telephone No. : _____	Mobile No. : _____	
Address : _____		Email ID : _____
Backup employee during leave period based on discussion with Dept. Head:		Signature of backup employee:
..... Signature of Employee		
Part 2 (Department Approval – to be filled by Department Head)		
Remarks (if any):		
Signature of Department Head		Date
Part 3 (Leave Eligibility – to be filled by HR)		
DOJ : _____	Total leave taken :	
Passport Expiry : _____	QID Expiry : _____	
Leave Passage & Dependent Details: 		
Unit – HR & Admin		
Part 4 (Final Approval – to be filled by CEO/GM/VP)		
No of Days : _____	Signature : _____	Date : _____