

LEAVE APPLICATION FORM

(Attach Documentary Evidence Where Applicable)

Name: Harishankar R Department: Technical

Position: Tester Leave Required: Medical

Reason: hvahsfkd uygf has hgdfhagsias

15-03-2016
Date of Application

* Application must be submitted not less than 2 working days before the proposed date of commencement of leave. One week notice is required for leave application of more than 3 days.

While I am Away, My Job is being covered by : Agaile Victor

I can be contacted At Tel No: 9496340474

Leave Details

Period : Full Day Balance Leave : 3.0

Dates Applied: 01-02-2016,02-02-2016,03-02-2016,04-02-2016,05-02-2016,06-02-2016,07-02-2016,08-02-2016,09

-02-2016,10-02-2016,08-03-2016

Name of Applicant: *Harishankar R* Department / Branch: *Technical* This is to inform you that your leaves mentioned above is *Approved*.

Your balnace leave as at 2016 is 3.00 days.

HR Dept Date

^{*} System generated document and requires no signature.