

LEAVE APPLICATION FORM

Name: Harishankar R D	epartment: Technical	
Position: Tester (Intern)	. 8	
LEAVE REQUIRED	·	
Annual Sick	Unpaid Le	ave 🗸
Marriage Compassi	onate Materni	ty Paternity
Replacement	<u></u>	
Dates Applied for: 9/05/2016	5 to 17/06/2016	
Reason: For B Tech Exam (En	gineering Graphics)	
(Attach I	Oocumentary Evidence W	/here Applicable)
Las Min		28/04/2016
Signature of Employee		Date of Application
Can Be Contacted At:	9496340474	APPROVALS:
LEAVE APPLIED	LEAVE APPROVED	Recommended/Not Recommended by:
Day:		
Period :		(Project Manager)
renou.		Approved/Not Approved:
Balance Available To Date:		(Managing Director& Executive Director)
Name of Applicant:	De	epartment / Branch:
This is to inform you that your lea	ve on	is approved.
Your balance leave as at	is	_ days.
HR Dept		Date