# LEAVE FORM

|  |  |  |  |
| --- | --- | --- | --- |
| Date: |  | Ref. No.: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **EMPLOYEE DETAILS** | | | | |
| Name: |  | | | |
| Designation: |  | | | |
| Employee No.: |  | Joining Date: | |  |
| Department / Project: |  | | | |
| Employee Signature: |  | | Date: |  |
| **LEAVE DETAILS** | | | | |
| Type of Leave: | Annual Sick Emergency Without Pay  OTHERS, please specify: | | | |
| Start Date: |  | Return Date: | |  |
| No. of Days: |  | Leave Balance (HR): | |  |
| Reliever’s Name: |  | | | |
| Reliever’s Signature: |  | | Date: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **APPROVALS** | Approved | Rejected |  |  |
| Direct Supervisor: |  | | | |
| Signature: |  | | Date: |  |
| Direct Manager: |  | | | |
| Signature: |  | | Date: |  |
| Comments / Remarks: |  | | | |
| Human Resources: |  | | | |
| Signature: |  | | Date: |  |
| General Manager: |  | | | |
| Signature: |  | | Date: |  |