



Name:	Dated:
Type of leave: CL / SL / EL	Dept & Designation:
Date of availing leave:	No. of Days on leave:
From: To:	
Will rejoin Duty on Date:	
Contact Address during leave:	Contact Phone #
Recommended <input type="checkbox"/>	Not Recommended <input type="checkbox"/>
Sign HOD	Sign HOD
Sign HR:	Sign HR:
Sanctioned <input type="checkbox"/>	Not Sanctioned <input type="checkbox"/>
No. of days LP:	No. of days LWP:
Remarks:	