



Name: \_\_\_\_\_ PIN: \_\_\_\_\_  
Designation: \_\_\_\_\_ Branch/Division/Dept.: \_\_\_\_\_

Annual [ ]      Maternity [ ]      Casual [ ]      Sick [ ]

Number of days applying for Leave (Please insert number of **working days** in the box): [     ]

Please state reason for taking leave:

Duty carried out by:

In case of emergency I can be contacted at the following address:

Signature of the Employee: \_\_\_\_\_ Date: \_\_\_\_\_

	Entitled Leave	Leave Applied	Balance Due
Annual	[   ]	[   ]	[   ]
Casual	[   ]	[   ]	[   ]
Sick	[   ]	[   ]	[   ]

Signature of the Employee: \_\_\_\_\_ Date: \_\_\_\_\_

Leave Approved [ ]      Not Approved [ ]      Leave Approved without pay [ ]

Subject to [ ]

Signature of Branch Manager \_\_\_\_\_  
Date: \_\_\_\_\_

Signature of Approving Officer \_\_\_\_\_  
Date: \_\_\_\_\_