

M (Version No.: 1.0 W.E.F: 17-05-2012

sr.no (office use):

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Name Designation Date

## **Leave Details**

Leave Type Half day Sick leave Casual leave First Time Second Time Leave applied from From Duration

Reason of Leave

Short Leave

hrs

days

For Office Use Only

Leave granted Leave not granted Reason for not granted

		Manager/Tech Lead D
		Department Head
		HR Manager