|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Privilege Leave (PL)  Casual Leave (CL)  Sick Leave (SL) | | | | | | | | | | |
| **Full Name:** |  | | | | | **Department:** | |  | | |
| **Employee ID:** |  | | | | | **Section:** | |  | | |
| **Position:** |  | | | | | **Grade:** | |  | | |
| **Reason for leave:** | | | | | | | | | | |
|  | | | | | | | | | | |
| **First Day of Leave** | | **Last Day of Leave** | | | **Date returned to work** | | | | **No. of leave days applied** | |
|  | |  | | |  | | | |  | |
|  | |  | | |  | | | |  | |
| **Leave Entitlement:** | | | | | | | | | | |
| **Date Joined** | | **Date last leave taken** | | **Total days remaining after previous leave** | | | **Current year leave entitlement** | | | **Additional leave days requested** |
|  | |  | |  | | |  | | |  |
|  | | | | | | | | | | |
| **Contact details while on holiday (Mobile No. if applicable):** | | | |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  | | | | | | | | |
| **Employee’s Signature:** | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | **Date:** | \_\_\_\_/\_\_\_\_/\_\_\_\_ | | | |
| \***Note**: - Kindly submit your Gate-Pass while going on Leave at Human Capital Department  (Applicable for TSJ Gate-Pass holder) | | | | | | | | | | |
| **Office Use Only** | | | | | | | | | | |
| **Authorisation Details:**  Operation Department  Human Capital | | | | | | | | | | |
| **Granted by Operations Manager / Head:** | | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | **Human Capital:** | | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | |

To,

**Manager (Human Capital)**

Overseas Warehouse Management

**Through: Store In-Charge/Supervisor**

Dear Sir,

Kindly grant my leave and the details are mentioned below: -

|  |
| --- |
|  |

**To be given to Employee**

Mr/Mrs.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employee ID.\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Section \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ref: Your Leave application on dated \_\_\_\_/\_\_\_\_/\_\_\_\_ has been granted / not granted for \_\_\_\_\_\_ days on / from

\_\_\_/\_\_\_/\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ inclusive and is due to resume work on \_\_\_\_/\_\_\_\_/\_\_\_\_

Date: \_\_\_/\_\_\_\_/\_\_\_\_ **Signature of the Sanctioned Authority**