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| **Leave application Form** | | | |
| **Name of Employee: Employee code:**  **Designation : Date :**  **Reason for Leave: Total Days:** | | | |
| **Type of leave** | **Days** | **Duration** | **Leaves Available** |
| **Casual Leaves / Sick Leaves** |  |  |  |
| **Paid Leaves** |  |  |  |
| **Unpaid Leaves** |  |  |  |
| **Half Leave** |  |  |  |
| **Other Leaves** |  |  |  |
| **Employment Type: Probation / Permanent Leave : Approved / Not Approved** | | | |
| **Last Date of Leave:** | | | |
| **Employee Signature: Signature of Team Leader:** | | | |
| **Signature of Departmental Head: Signature of HR:** | | | |