

LEAVE APPLICATION FORM



Name: _____ Employee #: _____

Designation: _____ Location: _____

Type of Leave Requested	Days Requested	Reason for Leave	Address during Leave (If different from Present Address)
Casual <input type="checkbox"/>	No. of Days: _____	_____	_____
Sick <input type="checkbox"/>	From: _____	_____	_____
Earned <input type="checkbox"/>	To: _____	_____	_____
LFA Required <input type="checkbox"/>		Signature: _____	Date: _____
Maternity <input type="checkbox"/>			

Applicant's Department

Filled by Line Manager

☐ Recommended ☐ Not Recommended

Reason (If not recommended): _____

Line Manager (Name): _____ Signature & Date: _____

Filled by Departmental Head

☐ Approved ☐ Not Approved

Reason (If not approved): _____

Departmental Head (Name): _____ Signature & Date: _____

HR Department

Leave Record Incharge

Leave Available [In Days] _____

Casual ☐ Sick ☐ Earned ☐ Maternity ☐

Signature: _____

Date of Entry: _____

If Earned Leave: LFA Amount Rs. _____

Amount in words: _____

Manager HR : _____