

Leave Application Form

Employee Information:

| | | | |
|---------------------|---------------|----------------------|--------------|
| Employee Name: | Fawzia Nawaz | | |
| Employee ID: | N3L-0001 | Department: | Office |
| Position/Job Title: | Administrator | Date of Application: | 4 March 2024 |

Leave Details:

| | | | |
|---------------------------------|----------|-------------------|----------|
| Date of Leave Requested: | 4/03/24 | | |
| Start Date: | 15/04/24 | End Date: | 18/04/24 |
| Total Number of Days Requested: | 4 | Reason for Leave: | AL |

Contact Information during Leave:

| | |
|-------------------------------|--|
| Email Address (if applicable) | Ks010109@gmail.com |
| Phone Number: | 07448416106 |

Approval and Authorization:

| | |
|-----------------|--------------|
| Manager's Name: | Kashif Nawaz |
| Approval Date: | 7 March 2024 |

Additional Comments/Notes:

[You may provide any additional information or special requests here.]

Declaration: I hereby declare that the information provided above is accurate and complete to the best of my knowledge. I understand the company's policies regarding leave and agree to abide by them during my absence.

Employee Signature: __F.Nawaz_____ **Date:** 4/03/24