

Synesis IT

LEAVE APPLICATION FORM

☐ SIL
 ☐ TB
 ☐ MT
 ☐ SB

NAME OF THE EMPLOYEE	DESIGNATION	DEPARTMENT

Period of Leave : **From:..... To:.....**

Leave (No. of days)				
Casual	Sick	Earned	Maternity	Other

Purpose of Leave :

Address on Leave:

Contact No. :

Duties will be carried out by (Name & Signature): _____

Signature of the employee (Applicant)

Recommendation / Approval (Please tick ☒):

<input type="checkbox"/> Recommended	<input type="checkbox"/> Not Recommended	<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved	<input type="checkbox"/> Agreed	<input type="checkbox"/> Not Agreed
Signature, Immediate Supervisor	Signature, HOD/ Next Supervisor	Signature, Head of HR & Admin			

LEAVE STATUS :

	Causal	Sick	Earned	Maternity	Other
Available					
Approved					
Due					

Checked By _____

APPLICANT COPY

<input type="checkbox"/> SIL	<input type="checkbox"/> TB	<input type="checkbox"/> MT	<input type="checkbox"/> SB
NAME OF THE EMPLOYEE		DESIGNATION	

Period of Leave :

From:..... To:..... = days

Balance Leave

CL	SL	EL	ML
Till			
D	D	M	M Y Y

Checked By (Name)

Signature, HR & Admin.

Colored portions are for HR & Admin. use only