



Leave Application Form

Employee Name:

Department:

Designation:

Joining Date:

Days of Requested Leave:

Annual Leave	
Personal Leave	
Sick Leave	
Maternity/Paternity	
Other:(Please Specify)	

Leave From:

To:

Employee Signature:

Date of Request:

Manager Approval:

Signature:

Date:

Authorized Signatory:

Meghna Kothari

Director