

## LEAVE APPLICATION FORM

Employee Name:						Employee ID:		
Company Name:	Department:					Location:		
Date of Application:	Date of Leave:					Total Loa	10	
(DD / MM / YY)					(DD / MM /			
Employment status of the Applicant: V Confirmed V On probation (Mandatory)								
∀ Confirmed ∀ On probation								
Nature of Leave (Please tick the appropriate box)				Name:				
Casual Medical Earned Maternity Extraordinary				Address:				
Recommendation as applicable: Supervisor/ CMO/CBO/ Dept. Head /Director								
				Phone/Mobile:				
				Email address:				
				Employee's Signature with Date				
To be Approved by Manager/CBO / Director / Advisor / ED / MD / Vice Chairperson / Chairman								
Name of the Supervisor:								
(Supervisors are requested to ensure sufficient leave is available before approving it.)								
Leave Recommended (Please tick the appropriate box): ∀ With pay ∀ Without pay								
Number of days leave	Convel	<b>F</b>	-1		Maallaal	N 4 - + :+	Future and in a mail	
enjoyed previously:	Casual	Earne	a		Medical	Maternity	Extraordinary	
	days	c	days		days	days	days	
Supervisor's Comments (If								
any)								
Date: Signature:								
To be Approved by Director Human Resource (As Applicable)								
Leave sanctioned (please tick the appropriate box): $\forall$ With pay $\forall$ Without pay							∀ Without pay	
Remarks:								
Date: Signature								
					JIG	nature		
Applicants Copy								
Date of Leave: Signature:								
Date of Received: Employee ID:								