## **LEAVE APPLICATION FORM**

Designation: Cell:	Name :		Date:		
Type of leave:	Designation:		Cell:		
Period from (Mention the date)	Number of Days:				
Period to (Mention the Date)	Type of leave:				
Purpose	Period from (Mention t	he date)			
Date of return from the last leave and its duration  Contact No. during leave	Period to (Mention the Date)				
Contact No. during leave	Purpose				
Contact No. during leave	Date of return from the last leave and its duration				
Any other Comments/Requests:  Comments by the HR Representative/Admin. Officer (if any):  Comments by the Cell Head/Approving Authority (if any):  Employee Cell Head/Approving Authority HR Representative			• • • • • • • • • • • • • • • • • • • •		
Comments by the HR Representative/Admin. Officer (if any):  Comments by the Cell Head/Approving Authority (if any):  Employee Cell Head/Approving Authority HR Representative	Contact No. during leave				
Comments by the Cell Head/Approving Authority (if any):  Employee Cell Head/Approving Authority HR Representative	Any other Comments/Requests:				
Comments by the Cell Head/Approving Authority (if any):  Employee Cell Head/Approving Authority HR Representative					
Comments by the Cell Head/Approving Authority (if any):  Employee Cell Head/Approving Authority HR Representative					
Comments by the Cell Head/Approving Authority (if any):  Employee Cell Head/Approving Authority HR Representative					
Employee Cell Head/Approving Authority HR Representative	Comments by the HR Representative/Admin. Officer (if any):				
Employee Cell Head/Approving Authority HR Representative					
Employee Cell Head/Approving Authority HR Representative					
Employee Cell Head/Approving Authority HR Representative	Comments by the Cell Head/Approving Authority (if any):				
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or Admin. Officer	Employee	Cell Head/Approving Autl	nority	HR Representative or Admin. Officer	