

LEAVE APPLICATION FORM

Name :

Date:

Designation:

Cell:

Number of Days :

Type of leave :

Period from (Mention the date)

Period to (Mention the Date)

Purpose

Date of return from the last leave and its duration

.....

Contact No. during leave

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
or Admin. Officer