Leave Application Form

Name: _____ Date: _____

Designation: _____

Leave Requested _____ to _____ # of days _____

1. Casual ☐ 2. Annual ☐ 3.Maternity ☐ 4. Long Leave ☐ 5. Without Pay ☐

Reason: _____

_____

Contact address during the leave Period _____

Tel # _____ **Cell Phone #** _____ **E-mail:** _____

Applicant's Signature _____

For Office Use Only

Approved _____ **Not Approved** _____

With Pay ☐ **Withouth Pay** ☐

Head of Department: _____