

## LEAVE APPLICATION FORM

**Employee Details:**

- Name: \_\_\_\_\_
- Employee ID: \_\_\_\_\_
- Designation: \_\_\_\_\_
- Contact Number: \_\_\_\_\_
- Email Address: \_\_\_\_\_

**Leave Details:**

1. Type of Leave:
  - Casual Leave
  - Without Pay

2. Reason for Leave: \_\_\_\_\_

3. Leave Duration:  
 Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Total Days: \_\_\_\_\_

**Work Handover:**

Is any work pending during your leave period?

- Yes
- No

If yes, please specify the person responsible during your absence:

Name: \_\_\_\_\_  
 Designation: \_\_\_\_\_  
 Contact Information: \_\_\_\_\_

**FOR OFFICIAL USE**

**Leave Status:**

Type	Entitled	Availed	Balance	Signature of Assistant General Manager (AGM)
Casual Leave				
Without Pay				

Recommended     Not Recommended

<i>Head of Operation Signature:</i> _____	<i>CEO &amp; Managing Director Signature:</i> _____
<b>Date:</b> _____	<b>Date:</b> _____