

LEAVE REQUEST/ APPROVAL FORM

Date:.....

To:

From:

Kindly grant me leave as follows for the month of

Sl.No	Type of Leave	Tick to Avail	Duration			Remarks
			Start Date	End Date	Total Leave Days	
1	Earned Leave					*
2	Casual Leave					*
3	Maternity Leave					Attach evidence
4	Paternity Leave					Attach evidence
5	Medical Leave					Attach evidence
6	Extra Ordinary Leave					Executive Legal undertaking
7	Bereavement Leave					

***Submitted reasons:**

.....

***substitute by:**

.....

Signature of Applicant

Recommend & Sign by Training Coordinator/AFD

*Until today, the (Date) of.....(Month),.....(Year), the applicant has Days of Earned Leave, andDays of Casual Leave remaining.

Signature

HRO/ Leave Administrator.

Approved/ Not Approved:-

Signature of Supervisor/Manager