

## LEAVE APPLICATION FORM

DATE:

EMPLOYEE'S CODE:

EMPLOYEE'S NAME:

STATUS OF WORK & HANDOVER TO :

EMERGENCY CONTACT NO :

TYPE OF LEAVE:

ANNUAL:

CASUAL

SICK

FULL DAY:

HALF DAY

SHORT LEACVE

FROM:

TO:

PRE-INTIMATION GIVEN TO:

REASON:

EMPLOYEE SIGNATURE:

APPROVED BY:

REMARKS: