**Company Name & Logo**

**STAFF LEAVE APPLICATION FORM**

E. Code\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ D.o.J\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ F.Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Designation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Department:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nature of Leave:\_\_\_\_\_\_\_\_\_\_\_\_\_From(Date)\_\_\_\_\_\_\_To\_\_\_\_\_Total Days\_\_\_\_\_\_

Reason for Leave \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Applicant Supervisor Head of Department

(For Admin Department Use)

H.R.Deptt

|  |  |  |  |
| --- | --- | --- | --- |
| Leave | Entitled | Availed | Balance |
| Casual |  |  |  |
| Sick |  |  |  |
| Annual |  |  |  |
| Lwop |  |  |  |
| Cpl |  |  |  |

Action Taken

Leave Sanctioned

With Pay\_\_\_Yes/No\_\_\_\_ Without Pay\_\_\_Yes/No\_\_

Jr. Officer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_H.R.Deptt:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_