Company Logo/ Company Name

APPLICATION FOR LEAVE

NAME :   DESIGNATION: DATE OF APPLICATION:

EMPLOYEE CODE: FUNCTIONAL AREA: DEPARTMENT:

ZONE: BRANCH: BASE STATION:

I REQUIRE THE FOLLOWING LEAVE (Please tick the relevant leave type)	
• **CASUAL LEAVE** ☐ • **SICK LEAVE** ☐ • **PRIVILEDGE LEAVE** ☐ • **MATERNITY LEAVE** ☐	**LEAVE PERIOD FROM:** ………… / ………… / ..………….. **TO**…….. /…….. / …………….. **TOTAL NO. OF DAYS :** ………….. **REASON(s) FOR LEAVE:** **SIGN:** --- **CONTACT DETAILS DURING LEAVE PERIOD** **PHONE NO:** **ADDRESS:**
IMMEDIATE SENIOR's AUTHORIZATION	LEAVE APPROVED ☐ * (Write here leave approve terms & Conditions) LEAVE NOT APPROVED ☐ SIGN: NAME: DATE:
HR / COMPANY RECORDS & ACTION	LEAVES IN LINE WITH LEAVE POLICY: YES ☐ NO ☐ IF NO THEN LEAVE WITHOUT PAY FOR ………….. DAYS SIGN: DATE: HR REPRESENTATIVE