



LEAVE APPLICATION FORM

Date: _____

Name of Employee: _____

Department: _____ Designation: _____

Leave from Date: _____ to _____ No of Days _____

Reason for
Leave: _____

Type of Leave: Sick Leave, Casual Leave Privilege Leave

Suitable substitute against your absence: _____

Signature of Employee

Signature of Substitute

Leave Sanctioned / Rejected / postponed

Signature of sanctioning Authority

Sign of HR Manager