|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **LEAVE FORM** | | | | | | |
| **Employee Name** |  | | | | | |
| **Designation & EID** |  | | | | | |
| **Department/Division** |  | |  | | | |
| **Type of leave applied for: (Please choose the relevant reason)** | | | |  |  |  |
|  | | | |  |  |  |
| **Earned Leave [ ] Casual Leave [ ] Medical Leave [ ] Escort Leave [ ] LWP [ ] Maternity Leave [ ] Paternity Leave [ ] Bereavement Leave [ ] others [……………………………. ]** | | | | | | |
|
|
| **Date of Leave** | **From:** | **To:** | | | | |
|
| **Reasons for Leave:** | | | | | | |
|
| **Contact#.............................. Alternative Phone#.............................** | | | | | | |
|
| **Specify the work handed over to:** | | | | | | |
| **Work taken over by (Name)…………………………………… Designation……………………………………….** | | | | | | |
|  | | | | | | |
| **Employee Signature/Date:** | | | | | | |
| **HR Division** | | | | | | |
| **No. of leave used till date: ……………………... No. of leave balance till date: ……………….** | | | | | | |
|  | | | | | | |
| **Recommendation: ………………………………………………………………………………….. HRO Signature** | | | | | | |
| **Immediate supervisor's signature** | | | | | | |
|  | | | | | | |
| **Recommendation: …………………………………………………………………………………………………………….** | | | | | | |
| **Head** | | | | | | |
| **-Approved** | | | | | | |
| **-Rejected Signature** | | | | | | |
| **CEO/Head (DCS) Approval** | | | | | | |
| **-Approved** | | | | | | |
| **-Rejected** | | | | | | |
| **Signature** | | | | | | |