|  |
| --- |
| **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** |