



SI. No.

LEAVE APPLICATION FORM

ID: **Date :**

Name of Office : Department :

Name of Employee : Designation :

Reason of Leave : Days of Leave :

Period of Leave : From To :

Type of Leave : Casual Earned Medical Maternity Others
 (Please mark) (Please specify)

Address with Phone/
 Mobile number of station while on leave Duty to be Carried out by :

Signature of Applicant

Recommended by
 Head of Department/Office In-charge

TO BE FILLED BY HUMAN RESOURCES DEPARTMENT

LEAVE STATUS

Leave	Casual	Earned	Medical	Maternity	Others
Entitled					
Enjoyed					
Balance					

..... Days of leave approved as leave with pay/without pay.

Recommendation of
 Admin Department

Approved by



Certificate of Leave Approval

Certify that the application of ID for days CL/EL/SL/ML/WP/Others Leave from to has been approved by the competent authority and that the leave has been recorded.

Concerned Signature

Date :

None should go on leave without having received certificate of approval