



LEAVE REQUEST AND APPROVAL FORM

Date:

To :

From :

Kindly grant me leave as follows for the month of :

Sl. No.	Type of Leave	Tick to Avail	Duration			Remarks
			Start Date	End Date	Total leave days	
1	Earned Leave					
2	Casual Leave					
3	Maternity Leave					Attach evidence
4	Paternity Leave					Attach evidence
5	Extraordinary Leave					Execute Undertaking
6	Bereavement Leave					Attach evidence
7	Medical Leave					Attach evidence
8	Medical Escort Leave					Attach evidence

* Submit reasons:

.....

Signature of Applicants

Until today, the (date) of(Month), (year), the applicant hasdays of Earned leave, anddays of casual leave remaining.

(Signature) **Admin Asst./HR Officer**

Approved and endorsed for the leave sought fromDepartment by Head of Department.

(Signature) of **HOD**

☐

Approved by:

Not Approved

☐

(Signature) of **Supervisor/Manager**

Approved by: HRC Meeting no.

.....dated.....for (i) Medical Leave beyond one month, (ii) Medical Escort Leave and (iii) EOL.

(Signature) of **Chief HR Officer**