



LEAVE APPLICATION



Name :

Designation :

Type of Leave	No. of Days	From	To
Emergency Leave			
Marriage / Paternity Leave			
Compassionate Leave			
No Pay Leave			
Medical Leave / Hospitalization			
Study Leave / Others			

Remarks: Except for Annual Leave, supportive document is required.

Reasons : _____

Contact Number during leave : _____

Applicant's Signature : _____

Date :

To Be Filled By HOD / Supervisor

Leave Applied : _____ Leave Balance : _____

During the leave period, the duties of the staff will be covered by _____

Recommended by,

Approved by,

(Supervisor / HOD)

(Principal)

For Human Resource Department use only :

Leave B/F from Previous Year : _____ Leave Applied : _____

Leave Entitlement for the Year : _____ Leave Balance : _____

Total Leave for the Year : _____

Checked by HRD,

Signature & Date