Employee Name **:**

Division : CD IRD MLSD SD

Name of Supervisor :

Type of Leave Requested (Please choose the relevant reason)

1. Casual Leave
2. Earned leave
3. Maternity /Paternity Leave
4. Medical Leave
5. Bereavement Leave
6. Extra Ordinary Leave (EOL)

***Note: Serial no 3-6 should be supported by necessary Documents.***

Leave applied from: Click or tap to enter a date. To Click or tap to enter a date.

Reasons: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee’s Signature:

Date: Click or tap to enter a date.

Responsibilities Assigned to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of the Officiating Official

**RECOMMENDATION FROM HRO**

Certified that the employee has \_\_\_\_\_\_\_\_\_\_\_\_day(s) leave balance as on ­­\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_

Signature of HRO (Official Seal)

Date:

**APPROVAL FROM DIVISION HEAD**

Sanction of \_\_\_\_\_\_\_\_\_\_\_leave with effect from \_\_\_\_/ \_\_\_\_/ \_\_\_\_\_\_\_\_ to \_\_\_\_/ \_\_\_\_/ \_\_\_\_\_\_\_\_

Approved

Rejected

(Sanctioning Authority) (Official Seal)