Employee Name **:**

Division **:**

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: to

Reasons:

Employee’s Signature:

Date:

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

**RECOMMENDATION FROM HRO**

Certified that the employee has \_\_\_\_\_ay(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)