



LEAVE APPLICATION

Date:

To Administration Department,

Name of Applicant:

Department:

Kindly grant me earned / sick leaves for _____ day/days w.e.f _____ to _____. The reason for leave is _____

Mr. / Mrs. _____

will look after my work during my absence.

My address during the leave period is as under: _____

Signature of Applicant

Recommended By HOD:

Approved By MD:

----- ✕ -----
For My Self Date:

Name of Applicant:

Department:

Kindly grant me earned / sick leaves for _____ day/days w.e.f _____ to _____. The reason for leave is _____

Signature of Applicant:

Signature of HOD: