



LEAVE APPLICATION

Date:

To Administration Department

Name of Applicant:

Department:

Kindly grant me earned leaves for _____ day/days w.e.f. _____ to _____.

The reason for leave is

Mr. / Mrs. _____

will look after my work during my absence.

My addressing 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 leaves for _____ day/days w.e.f. _____ to _____.

The reason for leave is _____

Signature of Applicant

Signature of HOD