



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 Managing Trustee

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

Approved By Managing Trustee