



# LEAVE FORM



Name	
Designation	
Department	
Date	

## Leave Details

- Annual Leave       Sick Leave       Compensatory Leave       Compassionate Leave   
Maternity Leave       Paternity Leave       Others

First Day of Leave	
Last Day of Leave	
Address during leave	
Contact number during leave	

**Note :**

1. Please attach doctor's certificate if applying for sick leave.
2. Please attach Birth Certificate of baby in case of maternity and paternity leave.
3. Please attach death certificate in case of compassionate leave.

Signature of Applicant
------------------------

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Designation: \_\_\_\_\_

### For Office Use only

Balance B/F: \_\_\_\_\_ Leave Taken: \_\_\_\_\_

Remaining Balance: \_\_\_\_\_ Processed by: \_\_\_\_\_