



LEAVE REQUEST & APPROVAL FORM

Date:

Name of the applicant:

Kindly grant me leave as follows:

Sl. No.	Type of Leave	Select to Avail (✓)	Duration			Remarks
			Start date	End date	Total days	
1	Casual Leave					
2	Earned Leave					
3	Maternity Leave					Attach evidence
4	Paternity Leave					Attach evidence
5	Medical Leave					Attach evidence
6	Bereavement Leave					
7	Study Leave					Execute Legal Undertaking
8	Extraordinary Leave					Execute Legal Undertaking

Purpose of leave:

Signature of Applicant

As ondd/mm/yyyy, the applicant hasdays of casual leave, anddays of earned leave remaining.

Signature
HR Officer/Personnel Officer

Recommended

Not recommended

Signature
Head of Department

Approved by:

Signature of the Secretary General

Approved by: HR Committee meeting no.datedfor (i) Medical Leave beyond one month (ii) Study Leave and (iii) EOL.