

LEAVE REQUEST AND APPROVAL FORM

To:

From:

Name: **Position Title:** **EID**

Sir/Madam,

Kindly grant me leave as follows:

Sl No.	Type of Leave	Select to Avail	Duration			Remarks
			Start Date	End Date	Total Days	
1.	Earned Leave					
2.	Casual Leave					
3.	Bereavement Leave					
4.	Maternity Leave					
5.	Paternity Leave					
6.	Medical Leave					
7.	Extraordinary Leave					

Submit Reason:

Signature

Until today, the (Date)..... (Month)..... (Year), the application has Days of **earned leave** and Days of **casual leave**.

HR Manager/Assistant

Approved

Not Approved

Signature of the Approving Authority

