

**Leave Application**

## Personal Details:

<b>Applicant's Name</b> :			
<b>Designation</b> :			
<b>Date of Application</b> :			
Address while on Leave:			
Type of Leave : <input type="checkbox"/> Casual Leave <input type="checkbox"/> Medical Leave    Other			
From (date)	To (date)	Duration (in days)	Reason (s) for Leave

(Employee Signature)

For Office use	
Balance Leave as on _____: _____ days <input type="checkbox"/> Casual Leave <input type="checkbox"/> Medical Leave	
Leave Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason (s) for Disapproval
Seal and Signature of Approving Authority	Date: