***Form No: 021***

**LEAVE REQUEST AND APPROVAL FORM**

Date:

**To:**

**Name of the applicant:**

**Kindly grant me leave as follows:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Slno** | **Type of Leave** | **Select to Avail (v)** | **Duration** | **Remarks** |
| **Start Date** | **End Date** | **Total Days** |
| 1 | Casual Leave |  |  |  |  |  |
| 2 | Maternity Leave |  |  |  |  | Attach evidence |
| 3 | Paternity Leave |  |  |  |  | Attach evidence |
| 4 | Medical Leave |  |  |  |  | Attach evidence |
| 5 | Annual Leave |  |  |  |  |  |

\* Reasons for availing leave:

Signature of Applicant

\* Until today, the ……..(Date) of ……… (Month)… (Year), the applicant has

…………. days of earned leave, and ………….. days of casual leave remaining.

|  |  |
| --- | --- |
| Recommended | Not Recommended |

Signature

Admn/HRO

Approved by:

Signature of Supervisor