

# Application For Leave / Permissions / On Duty

India

Name

Designation

Associate No.

Department

Purpose of Leave

Emergency Contact No.

Contact Person

Leave Applied Dates

No. of Days

Signature of Applicant  
Date:

## FOR OFFICE USE ONLY:

Category Applied for

Casual Leave	Stick Leave	Earned Leave	Maternity Leave	Comp Off	Loss of Pay	Permissions

Status:

Sanctioned

Rejected

Leave Balance as on Date of Application:

Consolidate No. of days of leave availed prior to date of application

Comments:

Signature of MOD  
Date:

Signature of Manager HR  
Date: