

# LEAVE APPLICATION FORM

Name :

Client:

Designation:

Date of Joining:

Date of Leave		No. of days	Type of Leave	Reason for Leave
From	To			

\_\_\_\_\_  
Date of Request of Leave

\_\_\_\_\_  
Signature of applicant

Sanctioned by:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date