Leave Application Form

|  |  |  |  |
| --- | --- | --- | --- |
| Employee Name | **Md. Tariqur Rahman Bhuiyan** | Employee ID: | **385** |
| Designation | **Brand Executive** | Department : | **Brand** |
| Employment Status | On Probation Permanent Contact | | |

Leave application should be submitted for approval as early as possible but no less than one week in advance, where applicable. Approved application form is to be forwarded to HR Dept. for retention and record update.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Type Of leave** | **Leave entitled** | **Number of days availed** | **Leave balance** | **From**  **( dd/ mm/ yyyy)** | **To**  **( dd /mm/ yyyy )** | **Number of Days applied for** | **Official Use Only (actual days taken)** |
| Annual Leave | **21** |  |  |  |  |  |  |
| Sick Leave | **14** |  |  | **9th Oct, 2018** |  |  |  |

**Purpose:**

High Fever

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of Joining at Work:**

**Contact details during leave period:**

**Phone number:**

Requested by Recommended by Approved By Acknowledged by

**Applicant Supervisor Dept. Head HR**

Date: Date: Date: Date:

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

**Official Use Only**

Remarks