



### Leave Application Form

Employee Name : \_\_\_\_\_

Company Name : \_\_\_\_\_

Designation : \_\_\_\_\_

Department : \_\_\_\_\_

Type of Leave	Dates
<ul style="list-style-type: none"><li>• <b>Medical Leave</b> *Please attach the original medical certificate.</li></ul>	
<ul style="list-style-type: none"><li>• <b>Annual Leave</b></li></ul>	
<ul style="list-style-type: none"><li>• <b>Unpaid Leave</b></li></ul>	
<ul style="list-style-type: none"><li>• <b>Emergency Leave</b>  Reason: _____</li></ul>	
<ul style="list-style-type: none"><li>• <b>Paternity Leave</b></li></ul>	
<ul style="list-style-type: none"><li>• <b>Maternity Leave</b></li></ul>	
<ul style="list-style-type: none"><li>• <b>Birthday Leave</b></li></ul>	

Total Days of Leave : \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Approved by Department Head/HR