



LEAVE APPLICATION FORM (LAF)

Name :	Designation:.....
Section:	Department:.....

Reason of Leave:
.....
Period of Leave: From.....To.....Days.....

<p>Type of Leave (Please Tick).</p> <input type="checkbox"/> Casual Leave <input type="checkbox"/> Sick Leave <input type="checkbox"/> Earned Leave <input type="checkbox"/> Compensatory Leave <input type="checkbox"/> Maternity Leave <input type="checkbox"/> Leave without pay <input type="checkbox"/> Others.....	To be filled by HR/Admin Department					
	Leave Statement for the year- 2008					
	Type	Total Leave	Availed	Balance	Applied	Remarks
	Casual Leave					
	Sick Leave					
	Earned Leave					
	Others					
<p>The above Leave particulars have been checked by me and found correct.</p> <p align="right">(Fin & Admin officer)</p>						

Remarks :(If any).....

Duties will be carried out by:.....

.....
Date & Signature of Applicants

Recommended/Not Recommended

Programme Coordinator

Approved/Not Approved

Head of Admin

Director

Admin/confidential/doc.