ANNEXURE 10/2

To :

From :

Kindly grant me leave as follows:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Sl.**  **No** | **Type of Leave** | **Select to Avail** | **Duration** | | | **Remarks** |
| **Start Date** | **End Date** | **Total** |
| 1 | Earned Leave |  |  |  |  | \* |
| 2 | Casual Leave |  |  |  |  | \* |
| 3 | Maternity Leave |  |  |  |  | Attach Evidence |
| 4 | Paternity Leave |  |  |  |  | Attach Evidence |
| 5 | Medical Leave |  |  |  |  | Attach Evidence |
| 6 | Extraordinary Leave |  |  |  |  | Execute Legal Undertaking |
| 7 | Bereavement Leave |  |  |  |  |  |

* Submit reasons:

……………………………………………………………………………………………....

………………………………………………………………………………………………

Signature

of Applicant

* Until today, the…………. (date) of ……… (month), ………………… (year), the applicant has …………….. days of earned leave, and …………… days of casual leave remaining.

Recommended Not Recommended

Signature

HR Officer

Approved by: Signature of Supervisor / Manager

Approved by; HR Committee meeting no. dated for (i) medical leave beyond one month and (ii) EOL.

Signature of HR Officer