**Company Name**

(Address)

**Leave Application Form**

Date: ……………………………

Name ………………………………………………………………., Employee ID……………………………………………

Designation ………………………………………..... Department. ………………………………………………………..

Type of leave required (CL / SL / EL / HL / LOP) for ……………………………………………  days.

From date ………………………………………………………… To date ……………………………………………………

Reason for Leave ……………………………………………………………………………………………………………………

Address …………………………………………………………………………………………………………………………………….

……………………………………………………………………………………Contact No. …………………………………………

 …………………………………………….. Signature of the Employee

**Company Name**

(Address)

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 …………………………………………….. Signature of the Employee