



**LEAVE APPLICATION FORM**

Name: \_\_\_\_\_ Hillcrest ID: \_\_\_\_\_ NIC: \_\_\_\_\_  
 Designation: \_\_\_\_\_ Grade: \_\_\_\_\_ Temp ID: \_\_\_\_\_  
 Department: \_\_\_\_\_ Location: \_\_\_\_\_

Types of leave Required	Days Required	Reason For Leave	Address during Long Leave
<input type="radio"/> Casual <input type="radio"/> Sick <input type="radio"/> Annual Leaves <input type="radio"/> B.T.L <input type="radio"/> Leave without pay <input type="radio"/> Maternity Leave <input type="radio"/> Special Leaves	No. Of Days:  From:  To:		
		Signature: _____	Date: _____

**Applicants Department:**

- Recommended
- Not Recommended

Reason: \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

- Approved
- Not Approved

Reason: \_\_\_\_\_

Department Head: \_\_\_\_\_ Date: \_\_\_\_\_

**HR Department:**

Leave Available (In Days)

- Casual
- Sick
- Annual

Leave Record In charge

Signature: \_\_\_\_\_  
 Date Of Entry: \_\_\_\_\_

**Note: Please attach medical report if sick leave exceeds more than 2 days.**