# LEAVE APPLICATION

| Employee name | Employee ID | Department |
|---|---|---|
| Date of joining | Date of application | Leave type |
| Contact number during leave | Address during leave | Return ticket, if any |

**Days applied for**

| From | To | Leave type | Days | Pay |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | **Total days** | | |

**Annual leave balance**

| | |
|---|---|
| Balance before this leave (days) | |
| Days applied for (annual leave) | |
| **Balance after this leave (days)** | |

| Work handed over to | Reason or notes |
|---|---|
| | |

**Attachments**

Sick leave: medical report from the medical entity, notified within 3 working days. Maternity: medical certificate of the expected date. Bereavement, parental and study leave: proof from the concerned authority.

Employee

Line manager (approved or declined)

HR (balance checked)