Date: ……….

**LEAVE REQUEST AND APPROVAL FROM**

To: …………………………………………………………………………………………….……

From: Name: …………………………………Position Title: ……………………………..…..….

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

Kindly Grant me leave as follows:

**\*Submit Reasons:**

**Signature of Applicant**

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

**HR/Administrative Officer**

**\***Recommendation by Regional Manager/Nursery Incharge/Park Manager for field staff and Division Head for office.

Recommended Not recommended

**Signature of Regional Manager/Nursery Incharge/Park Manager/Division Head**

Approved Not Approved

**Chief Executive Officer**