# [Company Name] [Address]

# Leave Application Form

## Applicant Detail

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Employee Name: | Enter Employee Name: | Date: | Enter date | Time: | 00:00 |

|  |  |
| --- | --- |
| Department Name: | Enter Department Name |

|  |  |  |  |
| --- | --- | --- | --- |
| Job Title: | Enter Job Title | Supervisor Name: | [Enter Name] |

|  |  |
| --- | --- |
| Leave applied for: | Enter reason of leave |
| Leave for days | Enter No. of days |

## Acknowledgement

|  |
| --- |
| I, [NAME] designated [DESIGNATION] in the department [DEPARTMENT NAME], employee ID [ID] wish to apply for [X] no. of days as leave from [DATE] to [DATE] for the reason mentioned above. |
| Please accept my request and I will be thankful to you. |
| Signature: [Signature] |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Type of leave requested:   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | Annual | Medical | Maternity | Casual | Unpaid | Other | Other | |

## For Official Use Only

|  |  |  |  |
| --- | --- | --- | --- |
| Leave accepted |  | Leave rejected |  |
| Reason of rejection: | | | |

|  |  |  |
| --- | --- | --- |
| Signed by: | [Enter Name Here] | [Signature] |
| [Designation] |  | [DATE] |

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