

LEAVE APPLICATION FORM

This form should be submitted to the Human Resources Department 1 month prior to taking the Vacation leaves. If the application is not received in due time, CMC has the right to reject application. In case of availing sick leave, medical certificate is required; In case of availing compensatory leave, time sheet or proof of extra hours is required.

Personnel Details		Employee ID
Name _____	Date _____	
Designation _____	Date of Joining _____	
Department _____		

Type of Leave	Leave Applied for the Period	No of Days
☐ Sick (<i>attach certificate</i>)	From ____/____/____ To ____/____/____	_____
☐ Maternity	From ____/____/____ To ____/____/____	_____
☐ Annual	From ____/____/____ To ____/____/____	_____
☐ Emergency / Unpaid	From ____/____/____ To ____/____/____	_____
☐ Training / Seminar	From ____/____/____ To ____/____/____	_____
☐ Compensatory Leave (<i>attach sheet</i>)	From ____/____/____ To ____/____/____	_____
	Against _____	_____

Applicant's contact details while on leave

Mailing address: _____

Phone no. : _____ E-mail address: _____

Applicant's Signature: _____ **Date:** __/__/__

FOR OFFICIAL USE ONLY (HUMAN RESOURCE DEPARTMENT)

Entitlement as of _____ # of Days _____ Remaining Entitlement Days _____

☐ Paid Leave ☐ Unpaid Leave

HRD Representative Name: _____ Signature & Date: _____

APPROVALS

☐ Approved ☐ Rejected ☐ On Hold

Reason: _____

Head of Department's Name: _____ Signature & Date: _____

Branch Manager's Name: _____ Signature & Date: _____

Administration Manager Name: _____ Signature & Date: _____