

LEAVE SALARY REQUEST FORM

This form should be submitted to the Human Resources Department after completion of one (1) year. If the employee is not eligible for leave salary, the application will be rejected.

EMPLOYEE DETAILS		Employee ID
Name _____	Date _____	
Designation _____	Date of Joining _____	
Department _____		
Leave Salary Period:	From ____/____/____	To ____/____/____
Date of last leave salary received:	____/____/____	
Employee Signature: _____		HOD Signature: _____
FOR OFFICIAL USE ONLY (HUMAN RESOURCE DEPARTMENT)		
Joining date: _____		Visa Expiry Date: _____
Monthly Remuneration: _____		Checked by: _____
Verifier's Signature: _____		Date: __/__/__
☐ Approved ☐ Rejected ☐ On Hold		
Remarks: _____ _____		
Manager's Signature: _____		Date: __/__/__
FOR OFFICIAL USE ONLY (FINANCE DEPARTMENT)		
Leave Salary Disbursed: ☐ YES ☐ NO		
If no, Reason: _____ _____		
Manager's Signature: _____		Date: __/__/__