

Leave Request Form

<i>Leave form DPL</i>		
Employee Name		
Designation & EID		
Division		
Type of leave applied for: (Please choose the relevant reason)		
Earned Leave [] Causal Leave [] Medical Leave [] Escort Leave [] CO [] LWP [] Maternity Leave [] Paternity Leave [] Bereavement Leave [] CO []		
Dates of leave	From :	To :
Reasons for Leave:		
Contact #:.....Alternative phone #.....		
Specify the work handed over to:		
Work taken over by:..... Designation:.....		
Employee signature/date:		
<u>HRA Section</u>		
No. of leave used till date:..... No. of leave balance till date:.....		
HRA Signature		
Recommendation:		
Immediate supervisor's signature		
Recommendation:		
Line Manager		
<ul style="list-style-type: none"> • Approved • Rejected 		Signature