Leave Request form -DPL	
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 : No. of Day:

Reasons for Request:

-Vacation   -Personal Leave   -Funeral/Bereavement   -Family Reasons   -Sick Leave

-To vote   -Others (Specify)………………………….

Contact No:

Work handed over to:……………….
 Designation & EID…………………

Signature of Leave requestor   Signature of Representative

HRA Department
No. of leave used till date: _____   No. of leave balance till date: _____

HRA Signature
Recommendation:

Immediate supervisor's signature

Recommendation:

CEO/HRA/FAS/PH/ProdH/MH
          ☐ Approved
          ☐ Rejected   Signature