

LEAVE APPLICATION FORM**PF - 56**

Date:

1.	Name	:	
2.	Designation	:	
3.	Nature of leave applied	:	
4.	No. of days with period	:	
5.	Leave available as on date	:	CL____ Sick Leave ____ PL____
6.	Reasons	:	
7.	Address during leave (If stay outside residence)	:	

Signature of Employee

Arrangements Proposed :

Sanctioned/Not Sanctioned/ :
Recommended/Not Recommended
(Reasons in case of not recommended)

Signature :

Designation :

Recommending Authority/ :
Sanctioning Authority

LEAVE SANCTION ORDER**PF - 57**

Date:

Mr. _____ (Name)
_____ (Designation)
_____ (Department)

SUB. : LEAVE SANCTION ORDER

With reference to your leave application dated _____, the Competent Authority has sanctioned the Privilege/Sick/Special leave to you for _____ days w.e.f _____ to _____ with suffix/prefix holiday. Before proceeding on leave, you are directed to handover the charge to Mr./Ms. _____ (name & designation).

Manager (Administration)

Copy for information & necessary action to:-

1. Head of department of the candidate.
2. Accounts Department
3. Concerned Person