



## Leave Application

### Personal Details

Full Name			
Card No		NID No	
Contact No (official).		Mobile No:	
Designation			
Department/Campus			

### Leave Details

Annual Leave	<input style="width: 100%; height: 20px;" type="text"/>	Emergency Leave	<input style="width: 100%; height: 20px;" type="text"/>
Maternity Leave	<input style="width: 100%; height: 20px;" type="text"/>	Son's Circumcision Leave	<input style="width: 100%; height: 20px;" type="text"/>
Paternity Leave	<input style="width: 100%; height: 20px;" type="text"/>	Hajj Leave (If only it's the 1 <sup>st</sup> hajj)	<input style="width: 100%; height: 20px;" type="text"/>
Medical/ Sick Leave	<input style="width: 100%; height: 20px;" type="text"/>	No Pay Leave	<input style="width: 100%; height: 20px;" type="text"/>

No of Working Days	Date of Start	Date of End

### Reasoning

### Declaration

- I declare that all the information given in this form is accurate and true to the best of my knowledge.
- I understand that approval of leave is subject to confirmation of entitlement.
- I understand that leave is not effective until the leave approval is issued.

Date:         Signature:

### Approval (for office use only)

	Name	Status	Signature	Date
Supervisor Approval				
Submission to HR	<b>Name of collected Individual from HR Department</b>		<b>Signature</b>	<b>Date</b>
HR Final Approval				
Rector				