

Leave Application Form

Employee Name: _____ Department: _____

Employee No : _____ Date: ____/____/____

Designation : _____

Type of Leave	From (DD/MM/YY)	To (DD/MM/YY)	Total number of days	Remarks (Office use only)
Privileged/Earned Leave				
Casual Leave				
Special Casual Leave				
On Duty Leave				
Other Leave – Please Specify:				

Approved:

Rejected:

Reasons for Rejection:

Applicant's Signature:	Approved by Registrar/ Director
Date:	Date:

Note:

1. Application for leave should be submitted 7 days before privileged leaves commence.
2. Please attach relevant supporting documents for reference if required.

The LNMIIT, Jaipur