



EAST DELTA UNIVERSITY. LEAVE APPLICATION FORM

To: Respective Department Head.

| |
|--|
| Supervisor: _____ : Authorized: _____ |
| HR & Admin Manager: _____ : Authorized : _____ |

| |
|--------------|
| From |
| Name |
| Designation: |

| Type of Leave: | | | |
|---|-------------------------|---------|---------|
| | Entitlement | Enjoyed | Balance |
| Casual Leave or CL (Prepayment of Salary is/not required) | 12 | | |
| Sick Leave or SL (Medical Certificate is/not required) | 10 | | |
| Emergency/Compassionate Leave | 6 | | |
| Maternity/Paternity Leave | Management's Discretion | | |
| Others (State reason for application) | | | |

** The leave entitlement is subject to change in due course of time (It is the management's discretion with respect to the Labor Law)

| Period of Absence: | | | |
|---|--|--|--|
| From: | | | |
| Number of Working Days | | | |
| In case of time-off; Date: ___/___/___; Sign-In Time: ___/___/___; am/pm; Sign-Out Time ___/___/___ | | | |

| In case of Sick/Emergency Leave, Please Mention: |
|--|
| The nature of illness or other details: _____ |
| _____ |

Name and designation of the substitute (Mandatory).....

Address to communicate in case of emergency.....

Telephone no. to communicate in case of emergency.....

Applicant Signature / Date:

Department head's/Director's Approval:.....

CC: Personal File, Leave Register.