



Leave Application

Sri Sri University

Sri Sri Vihar, Bidyadharpur, Arilo, Ward No-3, Cuttack - 754006

Date of Application: ___ / ___ / _____

LEARN LEAD SERVE

(To be filled in by employee)

Employee Name:

Designation:

Department:

Leave Applied for _____ Days: From: ___ / ___ / _____ To: ___ / ___ / _____

Category of Leave: CL EL HP/SL Comp. Off Others

Reason for Leave:

Location while on Leave:

Emergency Contact No:

_____ For Official Use _____ Signature of the Employee _____

Leave Sanctioned: Yes No Leave Balance: _____ CL _____ EL _____ HP/SL _____ Comp. Off (Against _____) Others _____

Signature of Head of the Department: _____ Date: ___ / ___ / _____

HR Department Signature: _____ Date: ___ / ___ / _____

Task Assigned to:



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