Form No: NLPL 6.2.1F11

Leave Form

Date: _____

Name Of Employee: -_____ **Designation: -**_____

Leave Duration: -_____ **from** _____ **to** _____ **Reason For Leave**_____
(Total No. Of Days)

Contact Number & Address during Leave: -_____

_____

Type Of Leave requested: -_____ **Sig. Of Employee: -**_____

Name Of Person Incharge in Absence: -_____ **Sig. Of Person Incharge in Absence: -**_____
(To be Nominated by C I O / TL)
Team Leader/ Project Manager: - Recommended / Not Recommended. **Sig. Of TL/PM**_____

C I O: - Sanctioned / Not Sanctioned / Recommended/ Not Recommended. **Sig. Of C I O: -** _____
Remarks (If Any):

_____

Signature of Head – Human Resources.