

Primeone Workforce Private Limited

Leave Application

(To be filled by Employee/Deputee)

Employee/Deputee Name			
Employee I.D			
Deputed at Site Name			
Department			
Designation			
Leave applied	For _____ days	From _____	To _____
Type of Leave			
Reasons for Leave			
Address while on leave			
Contact no			
Signature of the Employee/Deputee			

(For Office Use Only)

Signature of the Recommending Authority with date: - _____

(Name, Designation & Department) _____

Signature of the Sanctioning Authority with date: - _____

(Name, Designation & Department) _____