



LEAVE APPLICATION FORM

NATURAL RESOURCES DEVELOPMENT CORPORATION LIMITED

Name: Designation:

Employee ID No: Place:

Division/Region/Unit: Date:

Type of leave applied for (Tick):

- | | | | |
|--------------------|--------------------------|--------------------|--------------------------|
| • Casual Leave: | <input type="checkbox"/> | Medical Leave: | <input type="checkbox"/> |
| • Earned Leave: | <input type="checkbox"/> | Bereavement Leave: | <input type="checkbox"/> |
| • Maternity Leave: | <input type="checkbox"/> | Paternity Leave: | <input type="checkbox"/> |

Number of Days applied for: From: to.....

Reason for taking leave
.....

Applicant Signature:

Immediate Supervisor's Name: Designation:

Signature: Date:

Comments & Recommendation
.....

Sanctioning/Approving authority:

Approved number of days:

Comments (If any)
.....

Signature: Date:

Note:

1. For Medical leave, Doctor's prescription to be enclosed
2. For Bereavement leave, death certificate from the hospital or Gup's certification to be enclosed.
3. For Maternity/Paternity Leave, child delivery report/certificate from the hospital to be enclosed.