

**MINISTRY OF WORKS & HUMAN SETTLEMENT
LEAVE REQUEST AND APPROVAL**

Date:

To:

From:

Kindly grant me leave as follows:

Sl. No	Type of Leave	Select to Avail (√)	Duration			Remarks
			Start Date	End Date	Total	
1	Earned Leave					
2	Casual Leave					
3	Maternity Leave					Attach evidence
4	Paternity Leave					Attach evidence
5	Medical Leave					Attach evidence
6	Extraordinary Leave					Execute Legal Undertaking
7	Bereavement Leave					

*** Submit reasons:**

.....
.....

Signature of Applicant

* Until today, the (date) of (month), (year), the applicant has days of earned leave, and days of casual leave remaining.

Recommended

Not Recommended

**Signature
HRO/Admin Officer**

**Approved by:
Signature of Supervisor**

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