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Loden Foundation

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Leave Application Form

Staff Name:

Designation:

Leave Category	Duration of leave applied for		
	From	To	No. of Working days
Casual leave			
Earned leave			
Other types of leave (Please specify) <i>(Maternity, paternity, compensation, medical and study, etc.)</i>			

Note: All type of leave except casual and earned leave require supporting documents to be attached.

Signature:

Date:

For use by approving authority

Certify that there is/are.....day(s) of.....leave at his/her credit as per the record as on.....(date)

VERIFIED BY: Administrative Officer	APPROVED BY: Executive Director/Programme Manager
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