



AKH GROUP

H/O & Factory: 133-134, Hemayetpur, Savar, Dhaka.

Phone: +880 9666 775588

LEAVE APPLICATION FORM

Employee ID

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Employee Name _____ Position _____

Section _____ Department _____

Leave requested for _____ working day(s) from /on _____ to _____

Requested for the type of Leave:

Casual Leave Earn Leave ** Sick Leave Leave Without pay

Maternity Leave Others

** With Medical / Physician's Certificate(s) Yes No

Cause of Leave: _____

Address While on Leave: _____

Name of the person if someone needs to act on
Your behalf while you are on leave: Name & Sign: _____

Employee Signature: _____ Date: _____

<u>Types of Leave</u>	<u>Leave Credit Balance</u>
Casual Leave
Earn Leave
Sick Leave
Others Leave
Maternity Leave
Leave Without Pay
Total
Received Recorded By :	
(Admin) _____	
Date: _____ Time : _____	

<u>Recommendation</u>
_____ Head (Dept./ Section)
<u>Recommendation</u>
_____ ED/ Director
<u>APPROVED BY:</u>
_____ CHAIRMAN / MD / DMD

General Information :

1. This form must be filled up by all employee and must support any absence from work.
2. For any other planned leave, please apply 1 week in advance.
3. Sick leave for more than 3 days should be supported by a Physician's Certificate.
4. Without proper approval enjoyed leave should be treated as without pay and warning letter will be given to the employee.