

EMPLOYEE APPLY LEAVE REQUEST FORM

School Code:	School Name:
Teacher Name:	Gender:
Designation:	Employee ID:

Mobile Number:

Type of Leave	Total	Availed	Balance
Casual Leave			
Spl. Casual Leave			
Earned Leave			
Half Pay Leave			
Optional Holiday			
Maternity Leave			
Child Care Leave			
Paternity Leave			
Abortion Leave			
Child Care Leave			

Signature of the Teacher

DECLARATION OF HEAD MASTER

Name of The headmaster:

I hereby declared that the following Leaves Particulars mentioned against above Teacher as per our school records as on 03-03-2018 are correct and genuine.

Note: If any difference occur from your given information it will be mismatch to the already availed leaves in online leave status then it is difficult for leave applying.

Signature of the Headmaster