



Primeasia University

Leave Application Form

1. Name: 2. ID:

3. Designation:

4. Department:

5. Type of Leave Requested (✓):

<input type="checkbox"/>				
Earned	Casual	Sick	Maternity	Others

6. Period: To

7. No. of Working Days:

8. Suffix and Prefix included or not:

9. Address & Phone. During Leave:

10. Name and Signature of Alternative Person During Leave:

11. Reasons for Leave in Details:

12. Recommendation of Department Superior

Senior	<input type="text"/>
Dept. Head	<input type="text"/>

Signature of Applicant and Date

For Human Resource Department's Use Only

1. Proposed Date of Commencement of Leave:

2. Status of Leave:

Particulars	Earned Leave	Casual Leave	Medical Leave	Maternity Leave	Training/Duty Leave	Special Disability Leave
Entitle						
Availed before						
Availed new						
Total availed						
Balance						

3. Approved Leave: Days, Form To

4. Authority:

Signature:	<input type="text"/>
Date:	<input type="text"/>

5. Head of HR Signature:

Signature:	<input type="text"/>
Date:	<input type="text"/>

6. Signature of Registrar:

Signature:	<input type="text"/>
Date:	<input type="text"/>