## **APPLICATION FOR EXTENSION OF LEAVE**

1. NAME OF EMPLOYEE :		
2. EMPLOYEE CODE NO.:		
3. DESIGNATION :		
4. SECTION/DIVISION:		
5. TELEPHONE NO. :		
6. BASIC PAY:		
7. NATURE OF LEAVE:		
8. PERIOD OF LEAVE APPLIED FROM:	TO:	
9. GROUND ON WHICH LEAVE IS APPLIED FOR :		
10. DATE OF RETURN FROM LAST LEAVE & THE		
NATURE AND PERIOD OF THAT LEAVE :		
11.ADDRESS DURING LEAVE PERIOD :		
Date :	Signature of employ	ee
	organical or omproy	
Remarks:	SIGNATURE OF THE CONTROLLING OF	FICER

**DESIGNATION**