**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 employee**

**Remarks : …………………………………………. SIGNATURE OF THE CONTROLLING OFFICER**

DESIGNATION