



ZISKA PHARMACEUTICALS LTD

LEAVE APPLICATION FORM

Form No : 015
Revised Date : 01.01.2015
Effective Date : 01.01.2015

From : Deptt./Depot./Factory.....

Date :

Name:.....

Department Name :.....

Leave Type: (i) Casual Leave (ii) Earned Leave (iii) Sick Leave (v) Maternity Leave

1. Leave Entitlement for the Year : days 2. Leave availed till to date : days

3. Leave Applied to : days 4. Balance Leave available to date : days

5. Accrued EL Balance : days

Vetted By :

Date :

Absence Coverage :

Name : Desig.: Signature :

Leave Dates: From:..... To:.....

Reason of Leave:

Permission to leave : a) Station b) Country

Contact Address during Leave (with phone no.):.....

.....

Recommended by:

Recommended by:

Approved / Regretted by:

Applicant's signature

Date :

HOD/DW/DIC

Manager, Admin

Director, Admin

ZISKA PHARMACEUTICALS LTD

LEAVE PASS BY HRD / DEPOT

Date :

Mr./Ms:

Desig.: Depot/Div:.....

has been sanctioned..... days CL/EL/SL/ML from..... to..... with the permission to leave

the station/country. Resuming date after leave is..... Leave Balance is.....

Mr./Ms Desig. of the Division / Depot shall act as

absence coverage to look after the routine affairs of the Division / Depot in addition to his / her normal duty during the above leave period.

Manager, Admin

Date:

Director, Admin / Managing Director