

ঞ্ র্ট্রমন্ট্রন্ধ্রীথনেইব্রেক্সর্ট্রা CITY BUS SERVICE THROMDE



LEAVE REQUEST AND APPROVAL FORM

From:						
Name: Position Title: EID						
Sir/Madam,						
Kindly grant me leave as follows:						
Sl No.	Type of Leave	Select to Avail	Duration			
			Start Date	End Date	Total Days	Remarks
1.	Earned Leave					
2.	Casual Leave					
3.	Bereavement Leave					
4.	Maternity Leave					
5.	Paternity Leave					
6.	Medical Leave					
7.	Extraordinary Leave					
Submit Reason:						
				Signature of Applicant. (Month)(Year), the leave and		
HR Manager/Assistant						
Approved N		Not Ap	Not Approved			
Signature of the Approving Authority						