KVC CONSULTANTS LTD

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LEAVE APPLICATION FORM

Name:	E	Employee no:	
Designation: Zone:			
Function:	S	ub Function:	
You are requested to grant medays (CL/PL/SL*)			
*If Applicable, Eligible only if not covered under ESIC			
From to			
Last similar type of leave availed by me was from to			
Type: CL/PL/SL			
Reason:			
Over all leave status of individual:			
Sr. No	Leave Earned	Taken Till date	Balance
1	EL		
3	SL CL		
Signature of the Applicant: Signature of Reporting Manager:			
Signature of Zonal HR Executive:			