**SOLUTION, JAMSHEDPUR**

**(LEAVE APPLICATION FORM)**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **To**  **The Leave Granting In charge**  **SOLUTION Jamshedpur.**  **Subject:** Application for Leave.  Dear **Sir/Madam**,  I am writing formal request for leave from work, as I have made arrangement to ensure that my ongoing Project/Work/Assignment will not hamper and also available in mobile contacts for any kind of urgent talk from the head office. So as per bellow description kindly grant my application. | | | | | | | | | | | |
| **SL. NO.** | **DETAILS** | **DESCRIPTION** | | | | | | | | | |
| **1.** | Employee ID |  | | | | | | | | | |
| **2.** | Employee Name |  | | | | | | | | | |
| **4.** | Employee Department |  | | | | | | | | | |
| **5.** | Employee Designation |  | | | | | | | | | |
| **6.** | Immediate Reporting Authority Name with Designation and Contact No. |  | | | | | | | | | |
| **7.** | Reason for Leave |  | | | | | | | | | |
| **8.** | Type of Leave- Evidence attached as per Norms  (CL/PL/SL/ML-PL/EL) |  | | | | | | | | | |
| **9.** | Leave Requested For | **From** | |  | | **To** |  | | **Total Days** | |  |
| **10.** | Emergency Contact Name & Number. |  | | | | | | | | | |
| **Leave Application Submission Procedure**   1. For Sick Leave Soft copy signature not required submit through Web portal- [www.solution.org.in](http://www.solution.org.in) 2. For Sick Leave Take Print after signature send hard copy through messenger/WhatsApp/Email-[adminhr@solution.org.in](mailto:adminhr@solution.org.in) 3. Other than sick leave submit the application to Immediate reporting authority take comments before submission to final granting Authority at least before two working days. 4. More than two days consecutive sick leave send evidence of sick through WhatsApp/Email/Personal Messenger/ Post etc. | | | | | | | | | | | |
| **Signature With Date** | | | | | | | | | | | |
| **FOR OFFICE USE ONLY** | | | | | | | | | | | |
| Immediate Reporting Authority Comments  (Forwarded to Final Granting Authority) | |  | | | | | | | | | |
| Final Granting Authority Comments with Signature.  (Granted/Rejected with Reason) | | **Signature With Date** | | | | | | | | | |
| Leave Record Management  (To be entered in Leave register) | | Leave Type | Yearly Limit | | Remarks | | | Opening Leave Count | | Closing Leave Count- Balance | |
| **EL/PL** | **18** | | **Policy Matter** | | |  | |  | |
| **CL** | **12** | |  | | |  | |  | |
| **SL** | **12** | |  | | |  | |  | |
| **ML** | **182** | | **1st Two Children Policy Matter** | | |  | |  | |
| **CO** | **00** | | **As Accrued** | | |  | |  | |
| **LWP** | **Policy Matter** | | **Decide By Management** | | |  | |  | |
| **BL** | **03** | |  | | |  | |  | |
| **ML** | **05** | | **One Time when Marriage** | | |  | |  | |
| Name and Signature of Record Keeper. | |  | | | | | | | | **Signature With Date** | |