

**INSTITUTE OF BUSINESS ADMINISTRATION
KARACHI**

LEAVE FORM

Date: _____

To: _____

Dear Sir,

Kindly grant me Earned / Casual / Sick leave for _____ day(s) from _____
to _____ due to _____

Leave Address: _____

_____ Phone# _____

Signature: _____

Name: _____

Designation: _____

Forwarded and recommended by: _____ Date: _____

Leave(s) Due	Leave(s) Applied	Leave(s) taken during	Balance
E/L:			
C/L:			
S/L:			

Leave on _____ pay sanctioned _____

Incharge Leave Record

Admin Officer

Sanctioned / Not Sanctioned

(Sanctioning Authority)

- Note:
- (1) Production for medical certificate is compulsory for availing more than 02 days sick leave.
 - (2) Any casual leave taken above two consecutive days shall be treated as annual leave (earned leave) and adjusted against the same.
 - (3) All employees proceeding on leave must notify telephone contact number(s) & leave address.