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| **Department Name****Billing Address (Full) & Phone no.** **Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
|  |  | **Project Code :** |  |
| **SR. No.** | **NAME OF EMPLOYEE** | **EMP. CODE/ Designation** | **ATTENDANCE PERIOD** **From (dd-mm-yy) - To(dd-mm-yy)** | **DATES ON WHICH LEAVES AVAILED**  | **NO. OF LEAVES** **(NOT BE DEDUCTED)****(A)** | **NO. OF LEAVES** **(TO BE DEDUCTED)****(B)** | **Reason for availing more leaves than allowed in (A)** |
| 1 |   |   |   |   |   |   |   |
| 2 |   |   |   |   |   |   |   |
| 3 |   |   |   |   |   |   |   |
| 4 |   |   |   |   |   |   |   |
| 5 |   |   |   |   |   |   |   |
| 6 |   |   |   |   |   |   |   |
| 7 |   |   |   |   |   |   |   |
| **Note : \_\_\_\_\_\_\_\_\_\_\_\_\_(if any Resignation / New Joining with details/copy to be attached)****Remarks: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Leaves for the month will not be carry forwarded to next month.** |  |
| **(Head of Deptt.) Signature With seal** |