WCCL Leave Request Form

Name:		Designation:	
Employee id. No.		**Grade:**	
Office:		**Place:**	

Type of leave applied for:	
Number of days applied for:	

Reason for leave:

From:	To:
Signature:	**Date:**

Supervisor's comments and recommendations:

Signature:	Date:

CEO/HoD

Approved number of days:

Comments: (if any)

Signature:	Date:

Copies sent to:

HRA	CEO/HoD	Supervisor	Applicant