



Resource Integration Centre (RIC) Leave Application Form (LAF)

Apply Date: _____ Name: _____ Empl.# : _____ Designation: _____
 Working Place-Branch: _____ Area: _____ Zone/Others: _____ Prog./Dept.: _____

From _____ to _____ Total _____ days Date of Joining: _____
 Purpose/Cause of Leave: _____ Leave Location Address: _____
 Signature of Employee: _____ Mobile # (Self): _____ Mobile # (Emergency) _____

To be Filled up by the HR & Admin/Concerned Officer-Area

| Type of Leave | Availbale | Deduct | Balance |
|-------------------|-----------|--------|---------|
| Casual | days | days | days |
| Sick | days | days | days |
| Earned | days | days | days |
| * Maternity | days | days | days |
| * Paternity | days | days | days |
| Special/ | days | days | days |
| Leave Without Pay | days | days | days |

| | |
|---------------------|------|
| Total Leave Enjoyed | days |
| With Pay | days |
| Without Pay | days |
| Encashed | days |

Note: _____

Concerned HR & Admin/Area

Earned Leave (if Encash) How many times has it been cashed? _____ Times Date: _____ Date: _____ Date: _____

If Maternity Leave (from RIC) How many times has it been enjoyed? _____ Times With Pay (Total) _____ days Without Pay (Total) _____ days

From _____ to _____ Total _____ days with pay _____ days _____ without pay days

If Paternity Leave (from RIC) How many times has it been enjoyed? _____ Times Last time From: _____ to _____ Total days: _____

Attach documents/evidence if necessary and write any notes:

Direct Supervisor_____
Concerned/Incharge of Area_____
Concerned/Zone/Program Inchage_____
Focal Person/Program/Department

Note: (if any) HR Department:

HR & Admin Department_____
Deputy Director/Head of Department_____
Director/Approver