|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **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** | | | | | | | |