

eSheBee Enterprises

eSheBee Form Nong-4102

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| **LEAVE APPLICATION FORM** |
| Date Name PositionDepartmentPeriod |  |
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| **Leave Request** |
|  | **Remaining****Allocation** | **Taken** | **Remaining** | **Remarks** |
| Casual |  |  |  |  |
| Sick/Medical |  |  |  |  |
| Without Pay |  |  |  |  |
| Others (Day of Duty) Eid-E-Miladunnobi |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Start Date** | **End Date** | **Total days** | **Remarks** |
|  |  |  |   |

**Emergency Concact**

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| **Name Address:**  |
| **Phone number:**  |

Employee Signature: ............................................................. Date .........................................................

Supervisor Signature: ............................................................. Date .........................................................

HR Signature : .............................................................. Date .........................................................

1. Employee has to submit leave application form at least 3 days prior to leave taken.
2. Leave application must be verified by HR.
3. In case of medical/sick leave doctor’s certificate must be submitted
4. Verified application will be taken to direct superior.
5. The original application will be given back to HR. Employee will be given a copy.

**IMPORTANT NOTES**