



Probashi Kallyan Bank

LEAVE APPLICATION FORM

Date :

Name : Designation & Portfolio :

Division / Branch : Employee No :

Leave Type :

i) Casual Leave ii) Earned Leave iii) Sick Leave iv) Extraordinary Leave v) Maternity Leave

- 1. Leave Entitlement for the Year days
- 2. Leave availed till to date days
- 3. Net Leave Available days
- 4. Leave Applied for days
- 5. Balance Leave available to date days
- Accrued EL Balance days

Vetted By :

- ◆ Absence Coverage (Name, Designation & Initial) :
- ◆ Leave Dates From : To :
- ◆ Reason of Leave :
- ◆ Permission to leave : a) Station b) Country
- ◆ Contact Address during leave (with phone no.) :

Applicant's Signature

Recommended by

Manager / Divisional Head

Approved / Regretted by :

MD/DMD/EVP*

(*In case of manager's leave)



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Mr./Ms., Desig. :, Br./ Div. :
 has been sanctioned day CL/EL/SL/ML/Ex. from to with the permission to
 leave the station/country, Resuming date after leave is Leave Balance is
(In case of Relationship Manager & Operations of branch and Head of Div.)

Mr./Ms., Desig. :, of the Division /Branch Shall
 act as absence coverage to look after the routine affairs of the Division /Branch in addition to his /her normal duties during the
 above leave period.

[note : Approved leave has been entered into the Database]

Supervising Officer

Authorized Officer (HR)

Date :