



SRMCEM/HR/Short_Leave/F/01C

Short Leave Application

Name: ERP ID No.: E000000_ _ _ _

Department: Designation:

Dates of Short Leave:

Duration of Short Leave:

Details of Short Leave (First Half/Second Half):

Brief reason for Short Leave:

Signature of Applicant

Date.....

FOR OFFICE USE ONLY

Dates of Short Leave:

Duration of Short Leave:

Signature of HR Resp.

Approved/Not Approved

Signature of HoD/AD

Date.....