



SRMCEM/HR/Leave_Cancel/F/01A

Leave Cancellation Application

Types of Leave.....

Name of Applicant..... ERP ID No.E000000_ _ _ _

Department..... Designation.....

Applied Leave (Dates)..... No. of Days.....

Leave Cancellation (Dates).....No. of Days.....

Signature of Applicant

Date.....

Signature of Reporting Officer

Date.....

FOR OFFICE USE ONLY

Date of Leave: Days

Type of Leave:

.....

.....

Signature of HR Resp.

Approved/Not Approved

**Associate Director
(Admin & IQAC)
SRMCEM**