



# Star Human Resource Services Group

Toppers HR Services (Pvt) Ltd.  
Star HR Services (Pvt) Ltd.  
ABO Brothers (Pvt) Ltd.  
Akram & Sons  
Friends Enterprises

## LEAVE APPLICATION FORM

Name: \_\_\_\_\_ STAR HRSG ID: \_\_\_\_\_ NIC: \_\_\_\_\_

Designation: \_\_\_\_\_ Grade: \_\_\_\_\_ Temp ID: \_\_\_\_\_

Department: \_\_\_\_\_ Location: \_\_\_\_\_

Types of leave Required	Days Required	Reason For Leave	Address during Long Leave
<input type="radio"/> Casual <input type="radio"/> Sick <input type="radio"/> Annual Leaves <input type="radio"/> B.T.L <input type="radio"/> Leave without pay <input type="radio"/> Maternity Leave <input type="radio"/> Special Leaves	No. Of Days:  From:  To:	     <b>Signature:</b>	     <b>Date:</b>

### Applicants Department:

- Recommended
- Not Recommended

Reason: \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

- Approved
- Not Approved

Reason: \_\_\_\_\_

Department Head: \_\_\_\_\_ Date: \_\_\_\_\_

### HR Department:

Leave Available (In Days)

- Casual
- Sick
- Annual

Leave Record In charge

Signature: \_\_\_\_\_  
Date Of Entry: \_\_\_\_\_

**Note: Please attach medical report if sick leave exceeds more than 2 days.**