

Application for Leave of Absence for India Employees

This application must be completed and forwarded to ERC prior to start of the Leave of Absence.

Employee Name:_		Employee Code:
Designation		
Office	Location:	
Contact Number:_		;
Address During	LOA	
Tel#		
Personal Email ID	:	
LOA Period: F	rom	To
Purpose:		
I have read and un	derstood rule	es relating to 'Leave of Absence'. I agree to be bound by them.
Employee Signatu	re :	Date
Manager Signatur	e :	Date
		Date
Comments/Notes		

^{*} if required as per Adobe India Policies