



Dataformix Technologies, Inc.

1075 Easton Ave, Tower 3, Suite 100, Somerset NJ 08873
Phone: 732-247-7890 Fax: 732-247-0690 E-Mail: hr@dataformix.com

LEAVE APPLICATION FORM

Employee Name:

Number of Days leave applied for:

Dates: From _____ to _____

Reason for taking leave:

Please provide with contact information during Vacation:

Phone: _____

Email: _____

Address: _____

Employees Signature: _____

Date: _____

OFFICE USE ONLY

Leave Available as of :

Paid Leave :

Unpaid Leave :

Approved by :

Remarks :