**PERMISSION SLIP**

Date:\_\_\_\_\_\_\_\_\_\_\_

I Mr./Ms.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Emp.No.\_\_\_\_\_\_\_\_\_\_, Designation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_will be on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ visit to **Training / details:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Duty for the period of \_\_\_\_\_\_\_\_\_\_\_\_\_ days i.e., From \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Request you for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for the above mentioned period.

Approved / Rejected

 Signature

(Head of the Department)