**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)