

## ABSENTEE STATEMENT

for the month of.....

Name of Office.....

Sr. No.	Name & Designation of the employee S/Sh.	Kind of leave availed	Period of leave availed	Remarks
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				

(Signature of the Incharge)

Address: