

# MAR THOMA EVANGELISTIC ASSOCIATION THIRUVALLA

## Leave Application

Name of Applicant :

Mission Field :

Full Address to which –  
Communication is to be made :

Nature of Leave applied for :

1.Earned Leave :

2. Sick Leave :

3. Maternity Leave :

4 Casual Leave :

(Note: Score off whichever is not applicable)

Date from which leave is proposed  
to be communicated :

Date of Termination of leave :

No.of days for which leave  
applied for :

Enclosure.....

Place. Signature

Date. Name:

### Recommendation of Missionary /Vicar

Place. Signature.....

Date Name.....

Note: Application for sick leave should be supported by Medical Certificate