To,

The [Designation of Sanctioning Authority, e.g., District Magistrate / Head of Office / Executive Engineer],

[Department / Office Name],

[Office Address / District], [State]

Date: [DD/MM/YYYY]

Subject: Application for [Leave Type, e.g., Casual Leave (CL) / Earned Leave (EL)] from [Start Date] to [End Date]

Respected Sir / Madam,

I am [Your Full Name], serving as [Your Designation / Post] in the [Department / Office Name] under Employee ID / Pay Code [Your Employee ID / Code].

I request [type of leave, e.g., casual leave / earned leave] for [Number] day(s), from [Start Date] to [End Date], due to [mention reason, e.g., personal work / family event / medical reason]. Necessary charge/work arrangements have been made in the office for this period.

Kindly sanction my leave from [Start Date] to [End Date].

Thanking you.

Yours faithfully,

Name: [Your Full Name]

Designation: [Your Designation / Post]

Department / Office: [Department / Office Name]

Employee ID / Code: [Your Employee ID / Code]

Mobile No.: [Your Mobile Number]