



# PHARMA DEVILS

HR DEPARTMENT

## STANDARD OPERATING PROCEDURE

**Title:** Leave Policy

<b>SOP No.:</b>		<b>Department:</b>	HR	
		<b>Effective Date:</b>		
<b>Revision No.:</b>		<b>Revision Date:</b>		
<b>Supersede Revision No.:</b>		<b>Page No.:</b>	1 of 5	

### 1.0 OBJECTIVE:

To lay down a procedure for Leave Policy.

### 2.0 SCOPE:

This SOP is applicable for all the employees who take leave in .....

### 3.0 RESPONSIBILITY:

All Employees

### 4.0 ACCOUNTABILITY:


Head-Personnel & Administration

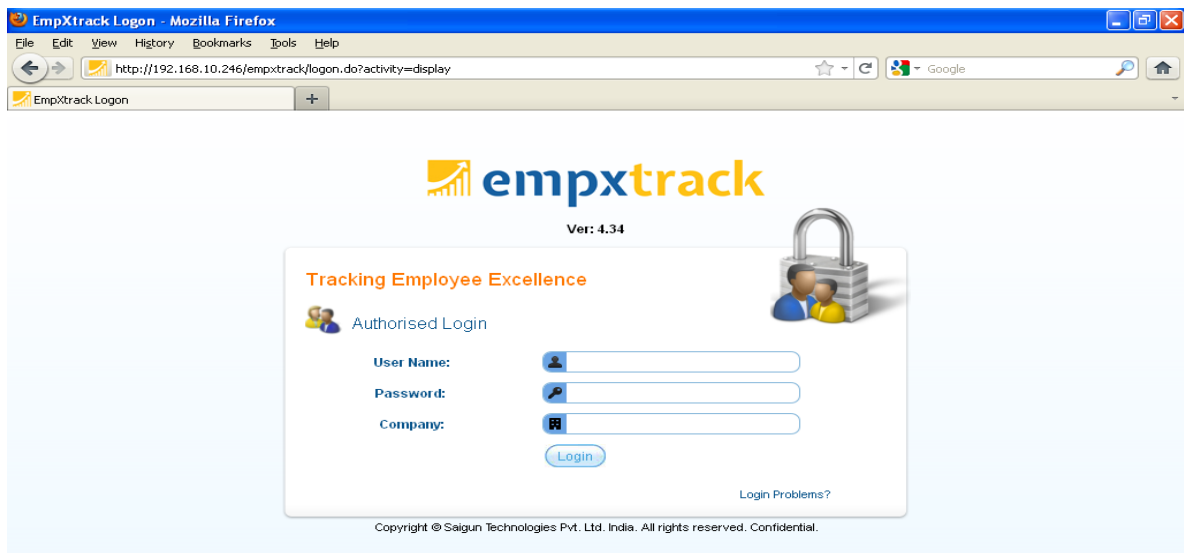
### 5.0 ABBREVIATIONS:

SOP            Standard Operating Procedure  
QA             Quality Assurance  
No.            Number  
Ltd.            Limited  
PA             Personnel and Administration

### 6.0 PROCEDURE:

#### 6.1. Leave Policy for Staff Personnel:

**6.1.1.** Person who want to take Leave in case of personal work & during emergency, Open windows Mozilla Firefox/Internet Explorer and type <http://192.168.10.246/empxtrack/login.do?activity=display> in address bar to On-Demand Human Resource and Talent Management Software after entering this IP address, enter the User Name, Password, Company and click on  button as per shown in **Figure-1**.



**Figure-1**



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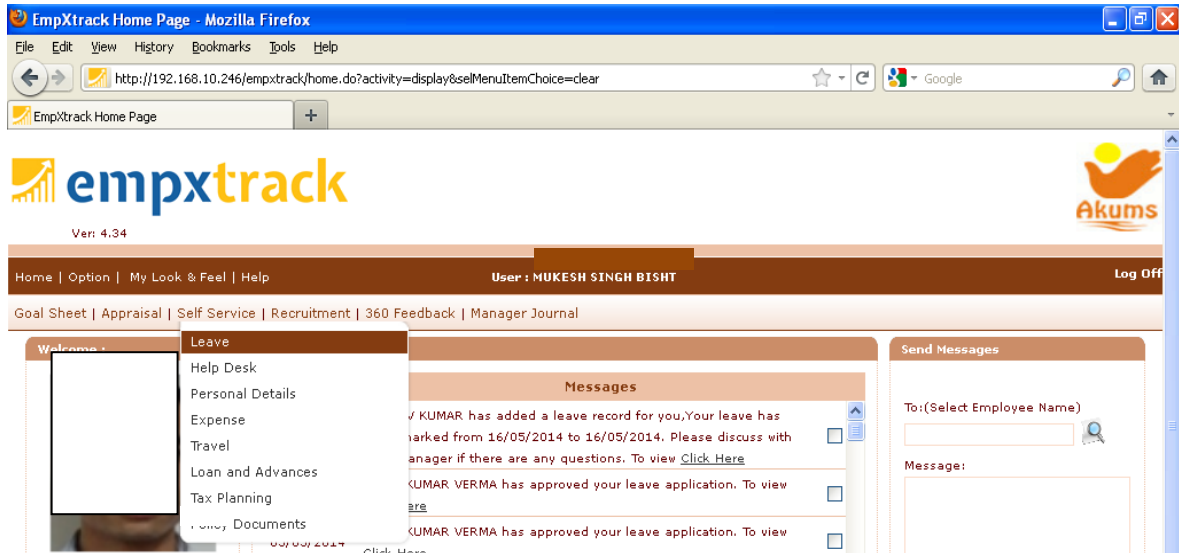
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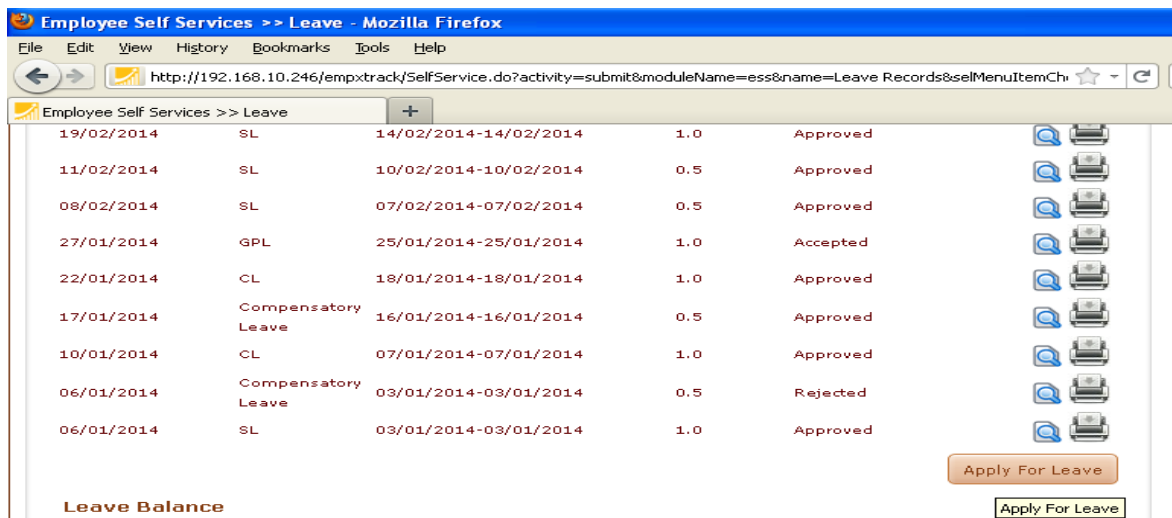
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6.1.2. Click the “Self Service” and select “Leave” option as per shown in **Figure-2**.



**Figure-2**

6.1.3. Click the “Apply for Leave” option as per shown in **Figure-3**.



**Figure-3**

6.1.4. Fill the Leave Application details ‘Type of Leave Required’, ‘Leave Start Date’, ‘Leave End Date’ & ‘Reason for Leave’ & click ‘Submit Application’ button as per shown in **Figure-4**.



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**Figure-4**

### 6.2. Leave Policy for Worker Personnel:

- 6.1.1. Person who want to take Leave in case of personal work & during emergency, fill the Leave Application as per **Annexure-I**, Titled **“Leave Application”**.
- 6.1.2. Fill the Leave Application details Name of applicant, Code No., Father’s Name, Designation & Dept, Period of Leave From, To, Type of Leave, Purpose of Leave, Address during leave period, Permanent Address, Phone No., Date & Applicant’s Signature.
- 6.1.3. Filled leave format, forward to concern officer/Executive/Manager for recommendation of leave.
- 6.1.4. After recommendation of leave further forward to leave sanctioned to Head of Department.
- 6.1.5. Sanctioned Leave application submits in Personnel & Administration Department to acknowledge the leave for further action.

### 7.0 ANNEXURES:

ANNEXURE No.	TITLE OF ANNEXURE	FORMAT No.
Annexure-I	Leave Application	

### 8.0 DISTRIBUTION:

- Controlled Copy No. 01      Head Human Resource
- Master Copy                      Quality Assurance Department

### 9.0 REFERENCES:

Not Applicable



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### 10.0 REVISION HISTORY:

#### CHANGE HISTORY LOG

Revision No.	Details of Changes	Reason for Change	Effective Date	Updated By
00	New SOP	Introduction of New SOP		



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### ANNEXURE-I



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## LEAVE APPLICATION

Name of Applicant: \_\_\_\_\_ Code No.: \_\_\_\_\_

Father's Name : \_\_\_\_\_ Designation & Deptt. \_\_\_\_\_

Period of Leave From: \_\_\_\_\_ To \_\_\_\_\_

Type of Leave: CL/EL/SL/CO: \_\_\_\_\_

Purpose of Leave: \_\_\_\_\_

Address During Leave Period:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Permanent Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone No.: \_\_\_\_\_

Phone No.: \_\_\_\_\_

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

Applicant's Signature: \_\_\_\_\_

Leave Record (To be filled by Personnel Dept.)					Name :	Name :
	CL	EL	SL	CO		
Due					Signature :	Signature :
Availed						
Balance						
					Recommended by	Sanctioned by