



Leave Application

Full Name Dept.
 Designation Employee ID

The Director / Head of Division / Dept. / Unit / Section.

I request sanction of **casual/ earned /medical /duty/half-pay/commuted/maternity/CCL/ restricted holiday*** for the period from to (Total..... days) for sickness (own/family member)/Personal work/ Religious festival/contagious disease in the house/ (any other Please specify) *

My address and contact number during leave.

Alternative arrangements made for work/class #

S.NO	Date	Time	Class/work	Name of the faculty/staff who will handle the class/work	Signature of the substitute

Signature of the Applicant
 Date:

For Office Purpose

He /She may/may not be allowed leave for day (s)

Leave due in days

Earned
 Medical
 Casual
 Duty
 Half Pay
 Restricted Holiday

Signature of Head of/Deptt. /Unit / Section

Date:

<p>Order: -</p> <p>Sanctioned.....Leave for.....day(s)</p> <p align="center">Director/Head of Division / Deptt. / Unit/ Section Date:</p>
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Signature of
 Officer In-charge

Leave should be applied in advance except in case of illness or beyond the control or knowledge of the employees.

*Strike out whichever is not applicable and tick the appropriate.
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S.NO.	Date	Time	Class/work	Name of the faculty/staff who will handle the class/work	Signature of the substitute

Leave should be applied in advance except in case of illness or beyond the control or knowledge of the employees.

*Strike out whichever is not applicable and tick the appropriate.

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