



# Leave Application form

Dept./School of .....

Date of Application ...../...../.....

### For Applicant Use Only

Name of Applicant..... Employee Code.....

Designation with Department.....

#### Availed Leaves till date (Please Mention)-

Earned Leave  Medical Leave  Casual Leave  Extraordinary Leave  Academic Leave

#### Balance Leaves till date (Please Mention)-

Earned Leave  Medical Leave  Casual Leave  Extraordinary Leave  Academic Leave

#### Type of Applied Leave (Please Tick Any One)-

Earned Leave  Medical Leave  Casual Leave  Extraordinary Leave  Academic Leave  Duty Leave

Purpose/Reason for Leave of absence .....

#### Duration of Leave-

From \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_ (No. of Days) \_\_\_\_\_  
DD MM YY DD MM YY

Contact Address during Leave.....

Contact No.....

#### Duty noted by:

Name: ..... Signature.....  
(Name of the employee who will handle/ has handled the duty during your absence)

Signature of the Applicant with date

### For Department Head/Dean Use Only

#### Leave Category (please tick any one)

• With Prior Approval  • Absent with information on same day  • Absent without Information

Remarks of HOD .....

Recommend / Not Recommend

Signature of HOD with date

Recommend / Not Recommend

Dean of School

### For Department of HR Use Only

#### Leave Availed

a) Earned Leave ..... b) Half Pay Leave..... c) Casual Leave..... d) Academic Leave..... c) LWP.....

#### Leave Balance

a) Earned Leave ..... b) Half Pay Leave..... c) Casual Leave..... d) Academic Leave..... c) LWP.....

Sanctioned/ Not Sanctioned

Signature of the vice Chancellor with date

Signature of i/c Leaves