

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

How many classes are scheduled? Give day wise details of arrangements during the requested leave period.

S.No.	Course	Semester	Subject	Class Timing	Arrangement made (Who will take)	Duty noted (sign. of concerned teacher)
1.						
2.						
3.						
4.						
5.						

.....
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