

Leave Application Form

Employee Name: _____

Employee No : _____ Date: _____ Designation: _____

| Type of leave | From (DD/ MM/ YY) | To (DD/ MM/ YY) | Available CL | Remarks (to be filled by Admin. Office) |
|---------------|----------------------|--------------------|--------------|--|
| Casual Leave | | | | |

- **Do you have any class on the Date of Leave: Yes/No**
- **If yes, please indicate the rescheduled class: Date: _____ Time: _____**
- **If you have any invigilation duty on the date of Leave: Yes/No**
- **If yes please indicate the name of substitute who will perform your duty and his signatures for acceptance**

- **Do You have any additional administrative responsibility: Yes/No**
- **If yes who will officiate in your absence and his signatures for acceptance**

Signature:

Signature of HOD/Registrar:

Date:

Date: