

Leave Application Form- Teaching Staff

Employee Name: _____ **Department:** _____

Employee No : _____ **Date:** _____

Designation: _____

Type of leave PL/EL, Sp. CL, ODL, OL*	From (DD/ MM/ YY)	To (DD/ MM/ YY)	Total Number of days	Available Leave under applied type	Reason

* PL/EL: Privileged/Earned Leave, Sp. CL: Special Casual Leave, ODL: On Duty Leave, OL: Other 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: _____

Date: _____

Recommendation of HOD:	Approved/Not Approved/Please Discuss
Recommendation of Dean/ Registrar:	Director : Date :

Note:

1. Application for leave should be submitted 7 days prior to proceeding on privileged leave.
2. Please attach relevant supporting documents for reference, if required.
3. Approving Authority :

i.	Up to one week	HoD
ii.	More than one week and up to one month,	DoFA
iii.	More than one month	Director