

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	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: _____

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 before privileged leaves commence.
2. Please attach relevant supporting documents for reference, if required.