THAPAR INSTITUTE OF ENGINEERING & TECHNOLOGY, PATIALA

Dated: _____

APPLICATION FOR LEAVE ☐ **CASUAL** ☐ **COMPENSATORY** ☐ **SPECIAL** ☐ **RESTRICTED HOLIDAY**

NAME	**DESIGNATION**	**DEPARTMENT**
PERIOD (Dates for Leave Applied For)	**PURPOSE OF LEAVE**	**PERIOD OF STATION LEAVE (If Required)**
ADDRESS DURING THE STATION LEAVE		**SIGNATURE OF APPLICANT**
PHONE/MOBILE NO.		

FOR OFFICIAL USE ONLY

Total Leave admissible During the year	**Leave already taken during the year**	**Leave applied for**	**Balance**	**Initial of Dealing Official**

DETAIL REGARDING ARRANGEMENT FOR CLASS (If applicable)	**RECOMMENDED/ NOT RECOMMENDED**	**SANCTIONED/ NOT SANCTIONED**
_____ *SIGNATURE*	_____ **INCHARGE/ SUPERVISOR/HOD**	_____ **SANCTIONING AUTHORITY**

NOTE:
(a) DIRECTOR IS THE COMPETENT AUTHORITY OF SANCTION ABOVE LEAVES FOR ALL DEANS & HEADS OF DEPARTMENTS/SCHOOLS/CENTRES
(b) HOD CONCERNED IS THE COMPETENT AUTHORITY TO SANCTION ABOVE LEAVES FOR REMAINING FACULTY/STAFF IN THE DEPARTMENTS/ SCHOOLS/CENTRES/SECTIONS