

THAPAR UNIVERSITY, PATIALA

Dated : _____

APPLICATION FOR LEAVE CASUAL COMPENSATORY SPECIAL RESTRICTED HOLIDAY

N A M E	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