

Application Form: Leave

Applied for Earned Commuted Half Pay EOL (Without Pay)

Name : _____ Designation : _____

Department/Section : _____ Purpose of Leave : _____

Phone / Mobile No. : _____

Dates of Leave Applied For

Period of Station Leave (If Required)

From : _____ To : _____

From : _____ To : _____

Address During Outstation Leave : _____

Details Regarding Arrangement for Classes (If Applicable) : _____

Date : _____

Signature of Applicant : _____

Recommended / Not Recommended

Recommended / Not Recommended

In Charge / Supervisor

Signature of HOD : _____

Recommendations of the Dean of Academic Affairs (Only for Faculty)

NOTE: Leave on Medical Grounds exceeding 3 days should be supported by Medical Certificate

Dean (Academic Affairs)

Official Use: Human Resources

Leave Admissible (No. of days)		
Earned Leave	Commuted Leave	Half Pay Leave

Recommended for approval as stated below:

No. of Days	Type of Leave	From	To
	Earned Leave		
	Commuted Leave		
	Half Pay Leave		
	EOL Without Pay Leave		

Office Remarks (If Any):

Sanctioned / Not Sanctioned

Dated

Verified by

CHRO

Sanctioning Authority

