

Leave Application for Faculty Members

Date- ___ / ___ / ___

Casual Leave		Restricted Holiday		Special Casual Leave	
Earned Leave		Half Pay Leave		Special Casual Leave	
Vacation Leave		Extra-ordinary Leave		(without institute financial assistance)	
Leave not due		Commutated Leave		On Duty	
Station Leave		Others(Specify)			

1. Name:	2. Designation:
3. Department:	4. PF. No.:

5. Leave Summary			
Type of Leave	From	To	No. of days

Total No. of days applied for			
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<i>In case of Holidays</i>	Type of Leave	Prefixing Date	Suffixing Date

6.	Purpose of leave:	Contact No:	
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7.	Address during leave of absence:	
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8.	Charge/Officiating arrangement during leave of absence *:	Position holding	Name	Sign. of officiating Faculty
		i.		
		ii.		

Signature of the Faculty	Recommended/ Forwarded by FIC/Coordinator/HoD
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For Office use only

Type of leave:	Recommended / Approved	Approved as per rules
Leave availed:		
Leave available:		
OA(MS)	AR (Faculty Affairs)	DoFA DoFA/ Dy Director/ Director