

## Leave Application

### For Faculty

Name : \_\_\_\_\_

Employee Code: \_\_\_\_\_

Leave availed so far \_\_\_\_\_ during the year \_\_\_\_\_

Nature of Leave:  Casual  Sick Leave  Short Leave  Annual Leave Date: \_\_\_\_\_

Leave(s) required from \_\_\_\_\_ to \_\_\_\_\_

Reason: \_\_\_\_\_

#### Classes Adjustment:

Sr/ No.	Professional	Subject	Replacement	Agree	Signature
1					
2					
3					
4					
5					
6					

Applicant Signature \_\_\_\_\_

For Office Use

Approved:

Yes

Regret

Remarks: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Director

CC to:

Office superintendent will verify and keep the record of leaves availed so far.