

## LEAVE APPLICATION (STAFF)

**Name of applicant (in block letters)** :

**Designation** :

**Department** :

**Date of Joining** :

**Nature of leave applied for** :

Nature of Leave	No: of Days	Previously availed in the calendar year	Nature of Leave	No: of Days	Previously availed in the calendar year
Casual			Compensatory leave in lieu of		
LWA					
Maternity			Duty leave		
Commute half pay leave			Half pay leave		
Others			Medical leave		

Period of leave : On...../From ..... To .....

Purpose of leave with details

Holidays if any prefixed/suffixed or during the period of leave :

Contact phone number :

Date :

Signature of the applicant

**Sanctioned/not sanctioned**

<b>Dated Signature of the sanctioning authority</b>
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✂.....✂.....✂.....

Note: To be kept in the parent department and to inform other department if classes are to be engaged there

DAY	DATE	CLASS WORK WITH SUBJECT	PERIOD	NAME OF THE SUBSTITUTE	DEPT.OF THE SUBSTITUTE	SIGNATURE OF THE SUBSTITUTE	Nature of leave applied for
Monday							<b>Signature of HOD</b>
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Exam duty/any other special duty with date							

Name :

Dated signature of staff applying for leave