

LEAVE APPLICATION FORM

- 1. Name of Applicant :-----
 - 2. Duration of Leave Required (in days):------
 - 3. Period of Leave :-----
 - 4. Ground on which leave is applied :-----
 - 5. Nature of Leave :- CL/EL/EOL/Medical/Paternity/Maternity/ (Circle/Tick whichever Applicable (if medical, all the necessary documents need to be attached as per existing rules)
 - 6. Contact address with Phone Number during leave period:-----
-

Date: -

Signature of Applicant

FOR USE BY THE IMMEDIATE SUPERVISOR

I hereby confirm that I have made substitution arrangements with following officials for Classes/Workshop Practical during his/her leave of absence from duty. I recommend leave as applied for subject to his/her leave in credit:

- | | |
|---------|---------|
| 1. | 5. |
| 2. | 6. |
| 3. | 7. |
| 4. | 8. |

Remarks/Comments

Date: -

Signature of Immediate Supervisor HoD

FOR USE BY PERSONNEL/ADM/ OFFICER

- 1. Leave in Credit (Entry Page No. for CL/EL only)
- 2. Comments/ Recommendations

Date:

Signature of Personnel/Adm. Officer

Leave Approved/Not Approved subject to following comment(s)

Date:

(President)