



Chowgule College

**PARVATIBAI CHOWGULE COLLEGE OF ARTS AND SCIENCE,
AUTONOMOUS, MARGAO GOA**

APPLICATION FOR LEAVE (SF)

Dear Sir/Madam,

Date : _____

I, the undersigned _____ Designation _____
request for ____ days _____ (EL/CL/DL) leave from/on _____ to _____ for
the following reasons: _____

(Attach proof in support of Duty Leave / Special Leave / Medical Leave / Extraordinary Leave, for verification)

My address during the leave period will be: _____

(Department)

(Signature)

Endorsement: Department Head/Program Coordinator

Alternate arrangements made details: _____
_____ days leave may be sanctioned.

Date: _____

Department Head/
Program Coordinator

Principal

{FOR OFFICE USE}

Earned Leaves/ Casual Leave	Jan	Feb	March	April	May	June	July	Aug ust	Sept	Oct	Nov	Dec
Opening Balance												
Leaves Availed												
Closing Balance												

ENTERED ON: **1. Muster** _____ **2. Register** _____

SANCTIONED _____ DAYS _____ LEAVE

DATE: _____