

**A P P L I C A T I O N F O R L E A V E**

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/ Management Representative

Program Coordinator

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

***{FOR OFFICE USE}***

***ENTERED ON: 1.Muster \_\_\_\_\_\_\_\_\_ 2. Register \_\_\_\_\_\_\_\_\_***

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SANCTIONED \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DAYS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ LEAVE

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_