



APPLICATION FOR EARNED LEAVE

(To be submitted, in original, to Establishment Section)

Name & Designation : _____
Department/ Section : _____
Leave Applied for : _____ Days from _____ to _____
Leave (if extended) : _____ Days from _____ to _____
Purpose of Leave : _____
Leave Address : _____
(When out of station)
Telephone/ Mobile No. : _____
Date of Departure : _____
Leave / Class Arrangement : Yes/No (As per requirement) _____
(If Yes, Annexure-I to be filled by Faculty member/Technical Staff)

Signature of the Employee with Date

Comments/ Recommendation of the Head of the Department/ Section – Incharge/ FIC.....

Signature of the Head of the Department

Comments of the leave sanctioning authority (leave approved/ not approved)

Signature of the Sanctioning Authority

For Establishment Section Use

Total Leave at creditDays	Leave applied for..... Days, fromto..... including extended leave (if any).
Date of Departure	Date of joining
Entered in the Register at Page	Entered in the Service Book at page no

Signature, Dealing Assistant



Class arrangement for Faculty members/ Technical Staff

Date	Time	Semester/Year	Subject Name & Code	Classes arranged with	Signature of the concerned Faculty

**Signature
of the Employee**

**Signature
of the Head of the Department**