

JUIT, WAKNAGHAT

(For Faculty)

LEAVE APPLICATION FORM

(To be filled by applicant)

(Tick mark the nature of leave applied for)

CL EL

1. Name : _____ Emp. Code _____

2. Designation: _____ Deptt _____

3. Leave Applied : From _____ to _____ () Days

4. Sunday/ Holiday Prefix _____ Suffix _____

5. Reason for leave _____

6. Address while on leave _____

Telephone No. _____

Date _____

Signature of the Applicant

7. _____ will take the teaching load during the leave period.

Signature of the Applicant

Signature of the Teacher taking the teaching load

Signature of HOD (Recommending Auth.)

LEAVE STATEMENT

8. Leave due _____ Leave availed _____

Signature of the HR Deptt.

9. Sanctioned/ Not Sanctioned

Sanctioned _____ day(s) leave

Vice Chancellor/ Director

10. Leave recorded as sanctioned

HR Deptt.

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