

JUIT, WAKNAGHAT

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 _____

Recommending Authority

7. Recommended/ Not Recommended

Signature of the Recommending Authority _____

LEAVE STATEMENT (To be filled by Administration)

8. Leave due _____ Day(s) as on _____

Signature of the HR Deptt. _____

9. Sanctioned/ Not Sanctioned
if Anactioned

(a) _____ day(s) with pay form:

(b) _____ day(s) without pay form:

Registrar/ HOD _____

10. Leave recorded as sanctioned

HR Deptt.

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