

LEAVE APPLICATION FORM

(For Outsourced Employee including Contractual Staff)

1.	Name of the employee	
2.	Designation	
3.	Nature of leave applied for [Casual Leave / Medical Leave]	
4.	Period of leave	From To
5.	Total Number of days	
6.	Grounds on which leave has been applied for	
7.	Indicate the address and contact number during leave period	

Date:

Signature of Applicant

FOR OFFICE USE ONLY

<u>Forwarded</u>	Leave availed as on _____ : _____ Days Balance leave : _____ Days	<u>Leave Approved / Not Approved</u>
Reporting Officer	Dealing hand	Dean Administration