

Faculty Leave Application			
Faculty Name		Emp. Code	
Department		Designation	
Leave Type		Duration	
Station Leave Details			
Purpose			
Leave Address			
Leave arrangements (Classes/Other responsibilities)			
Date of Application	Signature of the Applicant		
Recommended/Not Recommended	Head of School		
To Establishment Section			

For Office Use only

Type of leave	No. of Days in credit	No of days sanctioned	Balance
Earned Leave			
Half Pay Leave Commutated Leave			
EOL on medical grounds			
EOL on other grounds			
Enter in the Computer Dealing Assistant			Junior Superintendent

Sanctioned/ Not Sanctioned

Sanctioning Authority