**FACULTY LEAVE APPLICATION FORM**

|  |  |  |  |
| --- | --- | --- | --- |
| **Applicant’s Name** |  | **ID No.** |  |
| **Designation** |  | **Department** |  |
| **From** (DD – MM – YYYY) | **To** (DD – MM – YYYY) | **Total Days** |
|  |  |  |
| **Leave Type:***(Please Tick)* | ** Casual** | ** Medical** | ** Earned** | ** Others** |
| **Reason for Leave:**. |
|  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature with Date |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FOR OFFICIAL USE**

**Leave Status:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Type** | **Entitled** | **Availed** | **Balance** | **Signature of HR In-Charge** |
| Casual |  |  |  |  |
| Medical |  |  |  |
| Earned  |  |  |  |
| Others |  |

**Head/Director/Dean:**

|  |  |
| --- | --- |
|  Recommended |  Not Recommended |
|  |
|  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature with Date |

**Pro VC:**

|  |  |
| --- | --- |
|  Recommended |  Not Recommended |
|  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature with Date |

**VC:**

|  |  |
| --- | --- |
|  Approved |  Not Approved |
|  |
|  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature with Date |