

APPLICATION FOR CASUAL LEAVE / RH

Date:

- 1. EMPLOYEE CODE NO. :
- 2. NAME OF APPLICANT :
- 3. POST HELD :
- 4. SECTION/DIVISION :
- 5. INTERCOM/ MOBILE NO. :
- 6. PERIOD OF LEAVE APPLIED (No. of Days)
FROM :
- TO :
- 7. STATION LEAVING PERMISSION
FROM :
- TO :
- 8. REASON FOR APPLYING THIS LEAVE :
- 9. NO. OF LEAVES ALREADY AVAILED
IN THE CURRENT YEAR :
- 10. ADDRESS DURING LEAVE PERIOD :
- 11. ALTERNATIVE ARRANGEMENT:
(Alternative employee details)

Signature
Name & Designation:

Signature:
Name & Designation:

Recommendation : YES/NO

Checked by

HoD/HoD I/c
(N.A incase of Department)

Dealing Asst.

Verified By

Forwarded by

Assistant Registrar
(N.A incase of Department)

Registrar-I/C
(N.A incase of Department)

Approved / Not Approved

Director / Registrar-I/C / HoD

Note: To be printed on White Paper