**APPLICATION FOR** LEAVE

Name of Applicant \_\_\_\_Department: \_ Designation:

Leave Applied for Days from / /20 to / /20 Detail reason for Leave:

Contact Address (During Leave Period): Mobile No. :

Signature of Applicant

## Recommendation of H.0.D. / In-Charge

Leave Allowed / Not Allowed (All Entries are necessary) Signature:

**For Admin Department Leave Available / Not Available**

**Signature of Office Superintendent**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Leaves** | **CL** | **ML** | **EL** | **SPL** | **C.O.** |  |
| **Availed** |  |  |  |  |  |  |
| **Balance** |  |  |  |  |  |  |
| **Applied For** |  |  |  |  |  |  |

**Principal**

|  |  |
| --- | --- |
| **Sanctioned** | **Not Sanctioned** |
|  |  |

**………………………………………………………………………………………………………………**

**WORK LOAD ARRANGEMENT**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date | Period / Class | Subject | Name of Substitute | Sign of Substitute |
|  |  |  |  |  |