



LEAVE APPLICATION FORM

Part -I (Particular)

(To be filled by the Applicant)

Date: _____

HR ID (Please see RFID Card) _____

Name _____

Designation _____

Department _____

Employment Status

Civil

Institutional

MTI

Type of leave Applied: Earned Leave Casual Leave Sick Leave Maternity Leave

Unpaid Leave Hajj/ Umrah Leave Short Leave

{ Duty Leave Sabbatical Leave Educational Leave **Only for Faculty** }

Duration of Leave from _____ To _____ (Total Days _____)

Applicant Signature _____

Part-II (Entitlement)

(To be endorsed by the HR Department)

Entitlement: Comments (if any) _____

Leave balance:

Earned Leave _____ Casual Leave _____ Sick Leave _____ Maternity Leave _____

Education Leave _____ Sabbatical Leave _____ Short Leave _____ Hajj/ Umrah Leave _____

Name & Designation _____

Signed _____

Part-III (Recommendation)

(To be completed by Immediate Supervisor /HOD)

Recommended

Not Recommended

Reliever's Arrangement: Name _____ HRID _____

Name & Designation (Supervisor/HOD) _____

Signed _____

Part -IV (Competent)

(To be completed by competent authority)

Approved

Not Approved

Name & Designation _____

Signed _____

Dean/ Medical Director/ Hospital Director/ Nursing Director (Not necessary for Earned, Maternity or Sick Leave, except prolonged Sick Leave)

Sanctioned / Approved leave application must be submitted to HR department- Leave Management Cell