

Leave Application Form

Employee Name :		Employee Number :			
Designation :		Department :			
Reporting to : The Principal, BLDEACET, Vijayapur.					
Type of Leave CL / EL / Commutated Leave/Special Casual Leave	From DD/MM/YY	To DD/MM/YY	Total Number of Days	Reason for Leave	
Signature :		Date :		Time :	
I will share his/her work load during his/her leave period					
Name :			Signature :		
Sl.No.	Day & Date	Subject & Sem.	Time	Arrangement Made	
				Name	Signature
Leave at Credit :			Leave enjoyed :		
Comments			Approved / Not Approved / Please Discuss		
Recommendation of HoD					
Recommendation of Principal					