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E2A

EMPLOYEE LEAVE/OD APPLICATION FORM

Name _____ Designation _____ Emp. ID _____

Institute _____ Department _____

Type of Leave: Planned ☐ Telephonic: ☐

Leave/OD taken so far: _____ Out of total Sanctioned: _____ HOD Name _____

Leave/OD applied from (Date): _____ to _____ No. of Days _____

Reason: _____

Signature of Applicant with date	Signature of Recommending Authority	Signature of Sanctioning Authority

Leave Arrangements

S. NO.	Date	Class	Name of the alternative lecturer	Time	Period	Subject to be taken	Sign. of the alternative lecturer

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E2B

Permission for 5 days Study Leave

Date: _____

Name:_____ Department: _____ Emp ID:_____

Institute: _____ Last Qualification _____ Year of Passing_____

Qualification for which permission is required: _____

Date of Commencement: _____ Duration of Course: _____

Mode of Education (full time / part time) _____

Name of Institution _____ City: _____

Any other request for permission of study leave :

Signature of Applicant

Remarks, Name & Signature of HOD/ Dean as recommending authority

Remarks & Signature of Approval by Campus Director