

DATE: __/__/20__

LEAVE APPLICATION

(IN BLOCK LETTERS)

NAME OF SCHOOL _____

NAME OF EMPLOYEE _____

FATHER'S/ HUSBAND NAME _____

DEPTT./ FACULTY _____ DESIGNATION _____

LEAVE FROM _____ TO _____ DAYS _____

TITLE OF LEAVE: CL/EL/HPL _____

No. OF LEAVES TAKEN IN THIS MONTH _____

No. OF BALANCE LEAVES _____

REASON FOR LEAVE

No. OF LEAVES SANCTIONED _____

- I assure that I will join back on duty after the expiry of my leave sanctioned by the competent authority. In case of otherwise I will inform for extension, if any, well in advance.

(SIGN. OF SANCTIONING AUTHORITY)

(SIGN OF EMPLOYEE)