

# FACULTY LEAVE APPLICATION

Date: \_\_\_\_\_

Faculty Name \_\_\_\_\_

Designation \_\_\_\_\_

Department \_\_\_\_\_

Period of Leave \_\_\_\_\_ From \_\_\_\_\_ TO \_\_\_\_\_

Date	Class	Time	Faculty name	Signature

Type of leave: \_\_\_\_\_ (CL / EL / LWP / OD)

\_\_\_\_\_  
(Signature of Applicant)

**(FOR OFFICE USE ONLY)**

Date: \_\_\_\_\_

Type of leave \_\_\_\_\_

Sanctioned leave period \_\_\_\_\_

\_\_\_\_\_  
(Signature of Principal cum Director)