

JUIT, WAKNAGHAT
LEAVE APPLICATION FORM

(To be filled by applicant)

(Tick mark the nature of leave applied for)

CL EL

1. Name : _____ Emp. Code _____

2. Designation _____ Deptt _____

3. Leave applied : From _____ to _____ () Days

4. Sunday / Holiday Prefix _____ Suffix _____

5. Reason for leave _____

6. Address while on leave _____

Telephone No. _____

Date _____

Signature of the Applicant

(Recommending Authority)

7. Recommended / Not Recommended

Signature of the Recommending Authority

Leave Statement

(To be filled by Administration)

8. Leave due _____ day(s) as on _____

Signature of the HR Deptt.

9. Sanctioned / Not Sanctioned
If Sanctioned,

a) _____ days (s) with pay from :

b) _____ days (s) without pay from :

Registrar

10. Leave recorded as sanctioned

HR Deptt