



APPLICATION FOR CASUAL LEAVE / RESTRICTED HOLIDAY

1. Name :
2. Staff Number :
3. Designation :
4. Department :
5. Nature of leave applied : CL / RH
6. Leave at credit :
7. Period of leave :
8. No. of days :
9. Purpose of leave :
10. Whether necessary alternative arrangement has been made for class work? : Yes / Not applicable. If 'Yes' provide details overleaf
11. Whether permission for station leaving is required? : Yes / No. If 'Yes' provide details overleaf

Station :

Date :

Signature of the Applicant

(FOR OFFICE USE ONLY)

Nature of leave : CL / RH

Leave at credit as on date :

Leave now applied for :days

Balance at credit :days

Station: Tiruchirappalli – 15

Date:

Office Staff

Approved / Not Approved

Dean

S. No.	Date	Time	Class	Name of the Faculty who will handle the class	Signature of the Substitute
1					
2					
3					
4					
5					

Station:

Date:

Signature of the Applicant

OUTSTATION DETAILS

Contact address :

Contact Phone number, if any :

Mobile Phone number, if any :

E-mail :

Station:

Date:

Signature of the Applicant
