## APPLICATION FOR CASUAL LEAVE/RESTRICTED HOLIDAY/STATION LEAVE Name of School ..... Name Designation Type of Leave ..... **Duration of Leave** From.....(Total Days......) Reason ..... Leave Address ..... ..... Mobile No ..... I Have made alternate arrangements for my academic commitments, if any during the leave period. As following:-1..... Signature of Employee:-.... Date:-.... Leave Balance:..... Leave Take..... (Office Staff) Forwarded by HOD (Signature & Seal of the HOD) Approved / Not Approved (Signature & Seal of the Sanctioning Authority) ------(FOR OFFICE USE ONLY)

## NOTE:-

No.....

 Casual Leave/Restricted Holiday/Station Leave of all the faculty members will be sanctioned by the concerned School Dean/Dean (I/C).

(Office Staff)

- 1. In absence of the Dean/ Dean (I/c) Casual Leave/ Restricted Holiday/Station Leave of the faculty members will be sanctioned by the Dean, Academics.
- 2. Casual Leave/Restricted Holiday/Station Leave of Dean/Dean (I/c)/Chief Warden/Warden will be sanctioned by the Hon'ble Vice-Chancellor.