

BITS, PILANI- K. K. BIRLA GOA CAMPUS

APPLICATION FORM FOR LEAVE (Other than CL / SCL)

Date: _____

Name: _____

PSRN No.: _____

Unit: _____

Designation: _____

Period of Leave: _____ No. of days)

From: _____ To _____

Sundays/holidays: prefixed/suffixed _____

Kind of leave applied for: _____

Reasons for taking leave: _____
(Please obtain prior permission for going out of station)

Address during leave: _____

_____ Phone No. _____

What arrangements have been made by the applicant for:

Assignment	Name of substitute
Class work/Unit Work	
Invigilation duty	
Any other duties assigned _____	

Signature of the employee

Recommended & Forwarded

Faculty Incharge / Head of Dept.

For office use only

Title of leave Leave due
Half pay leave _____
Vacation leave _____
Any other category _____

Orders :
Type of Leave :
No. of days :

Granted / Recommended

Granted/Not granted

Deputy Registrar

Director