



# NATIONAL COLLEGE

## Of Engineering & Technology

### Leave Application Form for Faculty

Name of Faculty Member: \_\_\_\_\_

Designation: \_\_\_\_\_

Class: \_\_\_\_\_

Type of Leave      Short Leave ☐      Full Leave ☐

No of Leave Required: \_\_\_\_\_

Leave Require On Date: \_\_\_\_\_ From \_\_\_\_\_ To: \_\_\_\_\_

State Valid Reason: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Pervious Aailed Leave Date: \_\_\_\_\_

Signature: \_\_\_\_\_

\_\_\_\_\_

Office Use

**Principal**