



# 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 Availed Leave Date: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

Office Use

Principal