Doc No. : BV/FR/ADM/026

Issue No. : 03

Date of Issue : {{created\_date}}

**Casual Leave/ Compensatory Leave Form**

|  |  |
| --- | --- |
| Applicant:{{c\_name}} | Date:{{date}} |
| Department:{{department}} | Designation:{{designation}} |
| Reason for Leave:{{msg}} | No. of leave required:{{num\_leaves}} |

Signature of Applicant

**Recommendation of HOD**

1. Details of Teaching Load adjusted by the applicant:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| S. No | Date | Time of Class | Teacher assigned to the class (Name & Signature) | Class taken by the applicant in lieu of the absent period | Remark  (If any) |
|  |  |  |  |  |  |

2. In his/ her absence (name & Signature)\_\_{{r\_name}}\_Dept.\_{{r\_department}}\_will look after the assigned work.

As per above application leave is recommended / not recommended.

from\_\_\_\_{{requested\_date}}\_\_\_\_\_ to\_\_\_{{to\_date}}\_for \_{{num\_leaves}}\_\_days.

{{hod\_name}}

{{department}}

Signature of HOD

**Office Use only**

As per above recommendation leave is sanctioned /not sanctioned from\_\_\_\_\_{{requested\_date}}\_\_\_

To\_\_\_\_\_{{to\_date}}\_\_\_\_\_\_\_for \_\_\_\_\_\_{{num\_leaves}}\_\_\_\_\_\_days