

EASTERN UNIVERSITY

House 26, Road 5, Dhanmondi, Dhaka -1205

EUHRF: 05

Received Date

LEAVE APPLICATION FORM (OFFICIALS / OSS)

NB: Need to submit 3 working days ahead of the commencement of leave

Name of Applicant:	Employee ID	<input type="text"/> -- <input type="text"/> <input type="text"/> -- <input type="text"/> <input type="text"/> -- <input type="text"/> <input type="text"/>
Department :	Designation	
Nature of leave applied for (please tick only one):		
Casual <input type="checkbox"/>	Earned <input type="checkbox"/>	* Medical <input type="checkbox"/>
Study <input type="checkbox"/>	Maternity <input type="checkbox"/>	** Duty <input type="checkbox"/>
Special <input type="checkbox"/>		
Reason for leave:		
Duration of leave: From: <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> To: <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/>		Total Days <input type="text"/>
Contact address during leave:		
Mobile Number: <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>	Email:	
Responsibilities handed over to (if applicable):		
Signature of the person taking over the responsibility:		
Date: <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/>	Signature of the applicant:	
Comments / Recommendation by Treasurer / In-charge/ Section Head / Controller / Director / Deputy Registrar or Equivalent /Assistant Registrar or Equivalent		
(Signature & date)		

To be filled in by the HR Section:

Type of Leave	Duration of leave:	From: <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> To: <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/>	Total Days		
Payment status: Full Pay <input type="checkbox"/> No Pay <input type="checkbox"/> Others <input type="text"/>					
Leave status:					
Type of Leave	Annual Leave Entitlement	Present balance	Day(s) applied for	Balance after this occasion	Remarks
Casual Leave	15 days				
Earned Leave	12 days				
Medical Leave	7 days				

Approved / Not Approved

Registrar