

EASTERN UNIVERSITY

House 26, Road 5, Dhanmondi, Dhaka -1205

EUHRF: 03

Received Date

LEAVE APPLICATION FORM (FACULTY MEMBER)

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"/> -- <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"/> ** Duty <input type="checkbox"/>				
Study <input type="checkbox"/>	Maternity <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				
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"/> - <input type="text"/> <input type="text"/>		Email:				
Class Reschedule During Leave Period						
Course Code, Title and Group	Schedule Class			Re-schedule Class		
	Date	Time	Room	Date	Time	Room
Please print additional class re-schedule form in back side of this leave form (if required)						
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"/> <input type="text"/>		Signature of the applicant:				
Comments / Recommendation by In-charge /Dean/Advisor of Faculty/ Chairperson of the Department / Section Head						
(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

Vice Chancellor