EUHRF: 04

EASTERN UNIVERSITY

House 26, Road 5, Dhanmondi, Dhaka -1205

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ı	Received Date
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ALTERNATIVE LEAVE APPLICATION FORM (FACULTY MEMBER)

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

Name of Applicant:			Employee ID	Please dor	[l up Employee		
Department :		D	esignation		J			
Date of Holiday / Day-Off (worked on):								
Reason of alternate:								
Date of Alternative Holiday:								
Contact address during leave:								
Mobile Number:	<u></u>	7-1	Email:					
Class Reschedule During Leave Period								
Course Code, Title and Group	Schedule Class			Re-schedule Class				
	Date T	ime	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: - Signature of the applicant:								
Comments / Recommendation by In-charge /Dean/Advisor of Faculty/ Chairperson of the Department / Section Head								
					(Signat	ure & date)		
To be filled in by the HR Section:								
In Time:	Out Time:			т.				
Hour Minute am/pm	i	our Min	ute am/pm	Work	ed: Hour	Minute		
Difference between date of holiday/day off (worked on) and date of alternative holiday Days								
Leave adjusted as Alternative Leave / Casual Leave / Farned Leave / Leave without Pay								

Approved / Not Approved

Vice Chancellor