



Eastern University

Application for Short Leave

Name : _____ Employee ID :

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Designation _____ Date:

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Department : _____

Reason for short Leave : ☐ Official ☐ Personal

Details: _____

Time out : _____ Time in : _____ Total hours/min. absent:

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 :

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Maximum 2 hours only hr. min.

Total short leave taken in this month:

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 :

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hr. min.

Approved by _____

Signature of the Applicant

Signature of the Department Head / Superior



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