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To,
The Head of Department,
[Department Name],
[College/School Name],
[Location]

Date: __/__/____

Subject: Application for Leave

Respected Sir/Madam,

I, [Your Full Name], working as [Your Designation, e.g., Assistant Professor in Computer Science Department], request you to kindly grant me leave from [Start Date] to [End Date] due to [Reason for Leave].

During this period, I will ensure that alternative arrangements for my scheduled classes are made, if required. I kindly request your approval for the same.

Thanking you in anticipation.

Yours sincerely,
[Your Full Name]
[Your Designation]
[Department Name]

Signature:

Signature: _____