Leave Application Form

LNMIIT
The LNM Institute of
Information Technology
(Deemed University)

Employee Name: _____

Employee No : _____   Date: _____   Designation: _____

Type of leave	From (DD/ MM/ YY)	To (DD/ MM/ YY)	Available CL	Remarks (to be filled by Admin. Office)
Casual Leave				

- **Do you have any class on the Date of Leave: Yes/No**
- **If yes, please indicate the rescheduled class: Date: Time:**

Signature: **Signature of HOD/Registrar:**

Date: **Date:**

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