SRI MUTHUKUMARAN ARTS AND SCIENCE COLLEGE

**CASUAL LEAVE / PERMISSION FORM**

**DATE:**

**1. NAME OF THE EMPLOYEE :**

**2. DESIGNATION :**

**3. DEPARTMENT :**

**4. (A) DURAION OF LEAVE :**

**(B) DATES OF LEAVE :**

**5. REASON FOR LEAVE :**

**6. COMMUNICATION WHILE ON LEAVE :**