

SANT LONGOWAL INSTITUTE OF ENGINEERING & TECHNOLOGY, LONGOWAL
(Deemed to be University under GOI, MHRD)
APPLICATION FOR CL/RH/SCL/STATION LEAVE ETC. FOR FACULTY AND TECHNICAL
SUPPORTING STAFF

1. Name & Designation : _____
2. Department : _____
3. Type of leave : _____
4. Period of leave : _____
5. Purpose (mention clearly) : _____

6. (a) No. of Leave availed in the current month :

CL/RH		EL		CCL	
SCL		HPL		EOL	

(b) Leave availed in the current semester :

CL/RH		EL		CCL	
SCL		HPL		EOL	

7. Balance before availing CL/RH : _____
8. Balance after availing CL/RH : _____
9. Prefixed/Suffixed : _____
10. Address during leave : _____

 Tel./Mob. No. _____

Date : _____

Signature of applicant

Note : Prior of taking leave/ any kind of official duty, the class adjustment is mandatory and should be reported as follows :

CLASS ADJUSTMENT: (Enclose separate sheet if required)

Date	Time	Name of the subject with code	Name of faculty taking the class as substitute	Signature of the faculty member

Recommendations/Remarks of HOD : _____

SIGNATURE OF HOD

**SIGNATURE OF SANCTONING
AUTHORITY**