

SANT LONGOWAL INSTITUTE OF ENGINEERING & TECHNOLOGY, LONGOWAL

(Deemed to be University under GOI, MHRD)

APPLICATION FOR LEAVE OF ALL TYPE EXCEPT CL/RH/SCL/SL FOR FACULTY AND TECHNICAL SUPPORTING STAFF & ADMINISTRATIVE STAFF

Application for Earned Leave should ordinarily be submitted to competent authority through Head of the Department/Section before 15 days by the applicant.

1. Name & Designation : _____
2. Department /Section : _____
3. Date of appointment : _____
4. Whether permanent or contract : _____
5. Kind of leave applied : _____
6. Duration & No. of days : From _____ To _____ Days _____
7. Prefix & Suffix : Prefix _____ Suffix _____
8. Purpose (mention clearly) :
9. (a) 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 | |

10. Address during leave : _____

- Tel./Mob. No. _____

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 |
|------|------|-------------------------------|------------------------------------------------|---------------------------------|
| | | | | |
| | | | | |
| | | | | |

Date : _____

Signature of applicant

Recommended/Not recommended

Approved/Not Approved

H.O.D./Section In-charge

SANCTONING AUTHORITY

FOR OFFICE USE ONLY IN ADMINISTRATION SECTION

Certified that _____ (nature of leave) for _____ days from _____ to _____ is admissible under the leave rules. If the leave applied for is sanctioned, the balance at the applicant's credit will be _____ days.

(Signature of dealing hand)

[Signature of Dy. Registrar (Admn.)]