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NATIONAL INSTITUTE OF TECHNOLOGY, UTTARAKHAND

Ref. No. _____

Date: _____

Administrative Staff

Application for CASUAL LEAVE

1. Name : _____ Emp. Code: _____
2. Designation : _____
3. Section : _____
4. No. of days leave required with date : From _____ To _____ /on _____ Total: _____
(for ½ day specify FN/AN)
5. Prefixed/Suffixed : Prefixed: _____ Suffixed: _____ Total: _____
6. Reason for Leave : _____
7. Complete address during leave with mobile no. : _____
8. Alternate arrangements for Administration work:-

S.No.	Name of the Staff	Assigned duties	Pending/routine work	Signature

Date: _____

Signature of the Applicant

Recommended Not Recommended

Counter Signature of Section Head

FOR ESTABLISHMENT SECTION USE ONLY

- a) Leave at Credit : _____ Day(s)
- b) Leave taken now : _____ Day(s)
- c) Balance of Leave (a-b) : _____ Day(s)

Junior Assistant (Estt.)

Superintendent (Estt.)

Approved Not Approved

Section Head/Registrar/Director

To,
Establishment Section