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NATIONAL INSTITUTE OF TECHNOLOGY, UTTARAKHAND

Ref. No. _____

Date: _____

Academic/Technical Staff

Application for CASUAL LEAVE

1. Name : _____ Emp. Code: _____
2. Designation : _____
3. Department : _____
4. No. of days of leave required with date : From _____ To _____ /on _____ Total: _____
(for 1/2 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 Classes & Other Academic/Administration work:-

S.No.	Date	Time	Name of Faculty/Staff	Assigned duties	Signature

Date: _____

Signature of the Applicant

FOR DEPARTMENTAL USE ONLY

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

Dealing Assistant

Head of the Department
Dept. of _____

Approved Not Approved

HoD/Registrar/Director

To,
Establishment Section