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NATIONAL INSTITUTE OF TECHNOLOGY, UTTARAKHAND

Ref. No. _____

Academic/Technical Staff

Date: _____

APPLICATION FOR **Casual Leave** **Restricted Holiday**

1. Name : _____ Emp. Code: _____
2. Designation : _____
3. Department : _____
4. No. of days of leave required with date : From _____ To _____ /on _____ Total: _____
(for ½ day specify FN/AN)
5. Restricted Holiday : Occasion _____ /on _____ Total: _____
6. Prefixed/Suffixed : Prefixed: _____ Suffixed: _____ Total: _____
7. Reason for Leave : _____
8. Complete address during leave with mobile no. : _____
9. 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

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