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NATIONAL INSTITUTE OF TECHNOLOGY, UTTARAKHAND

Ref. No. _____

Date: _____

Application for COMPENSATORY LEAVE

1. Name : _____ Emp. Code: _____
2. Designation : _____
3. Department/Section : _____
4. Dates & day of extra work * : _____
5. No. of days leave required with date : From _____ To _____ /on _____ Total: _____
6. Prefixed/Suffixed : Prefixed: _____ Suffixed: _____ Total: _____
7. Reason for Leave : _____
8. Complete address during leave with mobile no. : _____
9. Alternate arrangements for Administration work:-

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

Signature of the Applicant

Approved Not Approved

अभ्यासाध्यरयेतः विद्या

Counter Signature of HoD/Section Head

*(Kindly enclose copy of prior obtained approval from Registrar/Director)

To,
Establishment Section