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NATIONAL INSTITUTE OF TECHNOLOGY, UTTARAKHAND

*Ref. No.*_____ | TEACHING | *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 employee	Assigned duties	Signature

Date:_____   Signature of employee

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

☐ Approved ☐ Not Approved

HoD/Registrar/Director

To
Registrar Office