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NATIONAL INSTITUTE OF TECHNOLOGY, UTTARAKHAND

Ref. No. _____

Date: _____

APPLICATION FOR EARNED LEAVE (CONTRACT EMPLOYEES)

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

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

Date: _____

Signature

Forwarded Not Forwarded

Counter signature of Section Head/HoD/Coordinator

FOR OFFICE USE ONLY

- a) Leave at Credit : _____ Day(s)
- b) Leave taken now : _____ Day(s)
- c) Balance of Leave (a-b) : _____ Day(s)
- d) Leave Without Pay : _____ Day(s) - LWP shall be deducted from the month of _____

Dealing Assistant

Superintendent/Technical Asstt.

Approved Not Approved

HoD/Section Head/Dean/Associate Dean/Coordinator

To
The Registrar Office