LEAVE APPLICATION FORM (FACULTY)

Employee's name	
Employee's Dept.	

DETAILS OF LEAVE

First date of leave: ………………………………………

Last date of leave: …………………………………………(Total number days of leave: …………)

REASON FOR TAKING LEAVE

○ Sick Leave ○ Maternity Leave

○ Other Leave, please specify ……………………………………………………………………….

Arrangements:	HR Recommendation:
(tick below if you have done them)	
○ HOD Notified	
○ Class work left for students	

LEAVE APPROVAL by KS/VP/EP

To be considered as:

○ Sick Leave

○ Paid Leave/Other leave (Total number of days ……………………………….)

○ Unpaid Leave (Total number of days ………………………)

Employee's signature :
KS/VP/Executive Principal's Signature: