JUIT, WAKNAGHAT LEAVE APPLICATION FORM

(To be filled by applicant)

(Tick mark the nature of leave applied for)

(For Faculty)

1. Name :		Emp. Code						
2. Designation:		Deptt						
3. Leave Applied :	From to)		_ () Days			
4. Sunday/ Holida	y Prefix	Su	Suffix					
5. Reason for leav	/e							
6. Address while of	on leave							
Tolophono No								
Telephone No.								
Date		Signature of the Applicant						
7	will take the te							
Signature of the Applicant		ature of the Teacher Signature of H g the teaching load (Recommending						
	LEAVE STATE	MENT	-					
8. Leave due	Leave	Leave availed						
		Signa	ature of	the HR	Deptt.			
9. Sanctioned/ No	t Sanctioned							
Sanctioned	day(s) le	eave						
		Vic	e Chanc	cellor/ [Director			
10. Leave recorde	ed as sanctioned							
				HR	Deptt.			

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4. Sunday/ Holida	y Prefix	s	Suffix				
5. Reason for leav	/e						
6. Address while o	on leave						
Telephone No.							
Date			_	of the	Applicant		
7	will take		load durin	ng the le	eave period		
Signature of the Applicant	Signature of th taking the teac	e Teacher hing load	Sig (Reco		of HOD ding Auth.)		
	LEAVE ST	ATEMENT					
8. Leave due		Leave availed					
		Sigr	nature of	the HF	R Deptt.		
9. Sanctioned/ No	t Sanctioned						
Sanctioned	da	ay(s) leave					
		Vi	ce Chan	cellor/	Director		
10. Leave recorde	ed as sanctioned						
				HR	R Deptt.		