

Maulana Azad College of Engg. & Technology

Neora, Patna

LEAVE APPLICATION FORM

Date :

1. Applicant's Name :
2. Designation : 3. Department :
4. During the current Calendar year, please furnish the following details:-
- (a) Number of Casual Leave taken so far : Casual Leave Balance :
- (b) Number of Earned Leave taken so far : Earned Leave Balance :
- (c) Number of Medical Leave taken so far : Medical Leave Balance :
- (d) Number of Compensatory Leave (CoL) so far : Compensatory Leave Balance :
- (e) Number of Leave without pay (LWP) taken so far :
5. Leave applied for CL/EL/ML/CoL/LWP: from to No. of Day(s)
- (Please tick the appropriate type)
6. Any Prefix or Suffix from to being Friday/Holiday
7. Purpose of visit / Reason
8. Address During Leave :
9. Contact No. : 10. E-mail

11. Details of Alternate class/duty Arrangement

| Class Time/Office hours | Subject Name / Current Work | Name of alternate Faculty /Staff | Subject Name / task being performed | Remarks (if any) |
|-------------------------|-----------------------------|----------------------------------|-------------------------------------|------------------|
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Applicant's Signature

Date :

Recommended/Not Recommended

HOD/Co-ordinator/Supervisor's Signature

Recommended/Approved / Not approved

Director

Approved/Not approved

Secretary/ Jt. Secretary