

THAPAR INSTITUTE OF ENGINEERING & TECHNOLOGY, PATIALA

Dated: _____

APPLICATION FOR LEAVE

EARNED
 COMMUTED
 HALF PAY
 EOL WITHOUT PAY
 LEAVE OF KIND DUE

N A M E	DESIGNATION	DEPARTMENT
PERIOD (Dates for Leave Applied For)	PURPOSE OF LEAVE	PERIOD OF STATION LEAVE (If Required)
DETAILS REGARDING ARRANGEMENT FOR CLASES (IF APPLICABLE)		
ADDRESS DURING THE STATION LEAVE		SIGNATURE OF APPLICANT
PHONE/MOBILE NO.		

RECOMMENDED/ NOT RECOMMENDED _____ INCHARGE/ SUPERVISOR	RECOMMENDED/ NOT RECOMMENDED _____ HEAD OF DEPARTMENT
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RECOMMENDATIONS OF THE DEAN OF ACADEMIC AFFAIRS (ONLY FOR FACULTY)

	DEAN, ACADEMIC AFFAIRS
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NOTE: Leave on Medical Grounds exceeding 3 days should be supported by Medical Certificate.

FOR OFFICIAL USE IN THE PERSONNEL SECTION ONLY

LEAVE ADMISSIBLE		
EARNED LEAVE	COMMUTED LEAVE	HALF PAY LEAVE

OFFICE RECOMMENDATION:-

May sanction leave as under:-

	No. of Days	Kind of Leave	From	To
	DAYS	EARNED LEAVE		
	DAYS	COMMUTED LEAVE		
	DAYS	HAL PAY LEAVE		
	DAYS	EOL WITHOUT PAY LEAVE		

OFFICE REMARKS (If any):

Dated: _____
 DEALING ASSISTANT
 SUPDT./AR(PAS)
 HEAD HR

SANCTIONED/NOT SANCTIONED

SANCTIONING AUTHORITY