

VIDYA SHIKSHAN PRASARAK MANDAL

Name of Institute: _____

Date: _____

LEAVE APPLICATION FORM

Name : _____

Pay Code : _____

Designation : _____

Department : _____

Leave Applied (EL/PL/CL/CR/ML/SPL): _____

(Enclose supporting documents for ML/SPL)

Reason for Leave : _____

Leave Period: From _____ to _____

Prefix : _____ Suffix: _____

Address while on Leave : _____

Contact no. while on leave : _____

If CR, Date on which Duty Performed: _____

Signature of Employee : _____

Name & Signature of the Reliever : _____

Remarks of HOD : _____

Signature of HOD : _____

FOR HR DEPARTMENT

Total Balance of Leave Applied (EL/PL/CL/CR/ML): _____

If he/ she is entitled for Applied Leave (Yes/ No) : _____

Remarks; If Any : _____

Date: _____ Signature: _____

Remarks/ Approval by Head of Institute : _____

Dean/ Principal/ Director/ MS

Note: Submit leave application 7 days in advance and confirm approval before proceeding; from HR Dept.