



UNIVERSITY OF LORALAI

ACCESS

QUALITY

RELEVANCE

LEAVE APPLICATION FOR ADMINISTRATIVE STAFF

Name: _____ Designation: _____

Department: _____

Leave Applied for: Causal Leave Earned Leave Duty Leave Station Leave
 Other, please specify _____

Leave requested from _____ To _____ No. of Days _____

Reason: _____

Joining Date: _____

Name &Designation of Substitute: _____

Address & Phone Number during Leave: _____

Signature of applicant

Signature of substitute

Date: _____

Date: _____

Sectional Head Comments: _____

Signature of Sectional Head

Date: _____

FOR OFFICE USE ONLY

Leave Type		Verified By:
Leave Balance before this request		
Leave request		

Approving Authority:

Leave for: _____ Days is Allowed Reject

Signature for Approving Authority

Date: _____