



UNIVERSITY OF LORALAI

ACCESS

QUALITY

RELEVANCE

LEAVE APPLICATION FOR FACULTY MEMBERS

Name: _____ Designation: _____

Department: _____ Faculty _____

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: _____

FOR OFFICE USE ONLY

Leave Record

Causal Leave		Earned Leave		Other Leave	
Availed	Balance	Availed	Balance	Availed	Balance

Verified By: _____ Designation: _____ Date _____

Head of Departments: _____

Designation: _____ **Signature:** _____ Date: _____

Dean's Comments: _____

Recommended/Not Recommended

Designation: _____ **Signature:** _____ Date: _____

Approving Authority:

Leave for: _____ Days is Allowed Reject

Signature for Approving Authority

Date: _____