



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

Date: _____

Signature of substitute

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: _____