

SAGAR INSTITUTE OF TECHNOLOGY & MANAGEMENT
BARABANKI

LEAVE APPLICATION FOR FACULTY MEMBERS
FILL THE FORM CLEARLY & MENTION THE DATE

1. Name: _____

2. Department: _____ 3. Designation: _____

4. Leave Details:

(A) Casual Leave:-

From _____ To _____

(B) Short Leave:- (Morning) OR (Afternoon)

Dated _____

(C) Official Duty / Official Leave:-

From _____ To _____

(D) Earned Leave:

From _____ To _____

(E) Medical Leave / Compensatory Leave / Special Leave:

From _____ To _____

5. Reason For Leave:

6. Address:

7. Contact No.:-

8. Alternative Teaching Arrangement:-

| S.No. | DATE | COURSE | PERIOD | SUBJECT | ALTERNATIVE FACULTY WITH NAME |
|-------|------|--------|--------|---------|----------------------------------|
| 1. | / / | | | | |
| 2. | / / | | | | |
| 3. | / / | | | | |
| 4. | / / | | | | |
| 5. | / / | | | | |
| 6. | / / | | | | |

NOTE: I have no pending work till the end of my leave / I have following task to be done and I have made arrangements as under:

- Task
- Alternative Arrangement / Revised Completion Date

Signature of Applicant ()

Signature of Examination Controller ()

Signature of HOD / Officiating HOD ()

Signature of Dean Academics / Dean Administration ()

Sanctioned / Not Sanctioned
Director