INDIAN INSTITUTE OF INFORMATION TECHNOLOGY, DESIGN AND MANUFACTURING, KANCHEEPURAM

भारतीय सूचना प्रौद्योगिकी, अभिकल्पना एवं विनिर्माण संस्थान, कांचीपुरम

APPLICATION FOR EARNED LEAVE / COMMUTED LEAVE / HALF PAY LEAVE
ADMINISTRATIVE STAFF
(Please strike out whichever is not applicable)

1. Name of the Applicant :

2. Designation :

3. Nature of Leave : ☐ EL   ☐ HPL   ☐ COM.L   ☐ E.O.L

   If HPL, whether MC/FC is enclosed? ☐ Yes ☐ No

4. Period of leave applied for : No. of Days of Leave:

From			To		
DD	MM	YY	DD	MM	YY

5. Sundays and holidays, if any proposed to be prefixed / suffixed to leave :

   Prefix:

From			To		
DD	MM	YY	DD	MM	YY

   Suffix:

From			To		
DD	MM	YY	DD	MM	YY

6. Reason for leave applied : ☐ LTC   LTC Block Year: ☐☐-☐☐

   ☐ Others _____

7. Address and Contact No. during leave period :

   Contact No: _____

8. During my absence _____ will take care of my responsibilities.

Date: **Signature of the Applicant**

Recommended / Not Recommended

Signature of the Section Head / Faculty-In-Charge with date

(FOR OFFICE USE)						
Leave at Credit	- EL:	day(s)	HPL:	day(s)		
Leave taken now	- EL:	day(s)	HPL:	day(s)	Com.L:	day(s)
Balance	- EL:	day(s)	HPL:	day(s)		

In-charge

Granted / Not Granted

Signature of Sanctioning Authority