

# PEC University of Technology

## Application for Casual Leave/Restricted Holiday Leave

|     |  |  |                  |
|-----|--|--|------------------|
| 1.  | Name:  | Employee Code:   |                  |
| 2.  | Department:  | Designation:   |                  |
| 3.  | Leave admissible   | No. of days:   |                  |
| 4.  | Leave availed so far excluding the Leave applied for. (as per office record)   | No. of days:   |                  |
| 5.  | Balance of Leave (as per office record)  |  |                  |
| 6.  | Leave applied for  | No. of days:   | Dates:           |
| 7.  | Saturday/Sunday/Holidays, pre-fixed/suffixed and/or intervening  | No. of days:   | Dates:           |
| 8.  | Total duration of absence (column 6+7)   | No. of days:   |                  |
| 9.  | Reason for the Leave   |  |                  |
| 10. | Does the leave applied for fall during examination days  | Yes/No   |                  |
|     |  | If Yes, No. of days:                      Dates:<br>Pl. give special reasons. (attach a sheet) |                  |
| 11. | Alternate arrangements made in respect of:<br>(a) Classes/lab classes and concurrence of respective faculty/staff member<br>(b) other responsibilities<br>(i) department level<br>(ii) institute level |  |                  |
| 12. | Station Leave required (if yes, pl. give the dates and the contact address during the period)  | Yes/No<br>Dates:   | Contact Address: |
| 13. | Contact Telephone No. during the Leave period  | Landline No.(with code):<br>Mobile No.:  |                  |

Signature of the applicant

Date:

\*Recommendation of Incharge Lab./Workshop/Section (which ever applicable)

Sanctioned/Not Sanctioned

Sanctioning Authority

Director/Registrar/Head of the Department/Head of the Section

\* For non-faculty staff only.