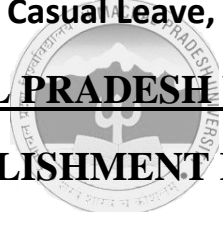


Form for applying leave other than Casual Leave, Compensatory leave, Duty Leave etc.

HIMACHAL PRADESH UNIVERSITY
“ESTABLISHMENT BRANCH”



Note:- Application should be submitted at least 15 days before the proposed date of availing.

I. To be filled by the Applicant.

1. Name of the Applicant _____
2. Designation _____
3. Department/Office _____
4. Leave applied for with period & date of commencement _____
5. Dates/period to be Prefixed/Suffixed
Prefixed _____
Suffixed _____
6. Reasons for applying leave _____
7. Leave last availed of with period & date _____
8. Address for correspondence during leave _____
9. Contact telephone number during the period of leave _____

Dated :-.....

.....

(Signature of Applicant)

II To be filled in by Supervising/Controlling Officer :-

1. Leave applied for is _____
(Please indicate in own hand “**Recommended**” or “**Not Recommended**”)
2. Reasons, if leave not recommended _____
3. Work of the Applicant will be looked after by the existing staff or Deptt./Office by internal adjustment.
4. In case of leave of Teacher, please indicate the name/designation of the Teacher who will look after the routine work of the Deptt. or attend classes of the Applicant during the leave period.
_____.

Despatch No. _____

Dated: _____

(Signature of the Supervising Officer/
Controlling Officer with Official Stamp)

(FOR USE IN THE OFFICE)

Leave case of _____

File No. _____

1. Total Leave due (as on _____)

2. Whether the leave applied is admissible or not YES/NO

3. Duration of leave proposed to be sanctioned :

4. Sanctioning Authority : Deputy Registrar (Estt.)/Registrar/Vice-Chancellor

5. Submitted for the kind approval/ex-post-facto approval of the _____
Please.

D.A. _____

Supdt. Gr. II _____

S.O. (Estt.) _____

D.R. (Estt.) _____

Registrar _____

Vice-Chancellor _____