

HIMACHAL PRADESH UNIVERSITY

"ESTABLISHMENT BRANCH"

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

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

I. (To be filled in 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 _____

(Signature of Applicant)

Dated _____

II. (To be filled in by Supervision/Controlling Officer)

1. Leave applied for is _____
(Please indicate in own hand "Recommended" or "Not Recommended")
2. Reason(s), of leave not recommended _____

3. Work of the applicant will be looked after by the existing staff of Deptt./Office by internal adjustment.
4. In case of leave of Teacher, Please indicate the name/designation of the Teacher who will lookafter 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)

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 : Dy. Registrar/Registrar/V.C.
5. Submitted for the kind approval/ex-post-facto approval of _____ please.

D.A. _____

S.O. (Estt.) _____

D.R. (Estt.) _____

Registrar _____

V.C. _____