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			
Date	d :			
		(Signature of Applicant)		
II	To be filled in by Supervising/Controlling Office	cer :-		
1. Leave applied for is (Please indicate in own hand "Recommended" or "Not Recommended")				
2. Reasons, if leave not recommended				
3	B. Work of the Applicant will be looked after by the	existing staff or Deptt./Office by internal adjustment.		
۷	name/designation of the Teacher who will look after the Applicant during the leave period.			
Desp	patch No			
Date	d:	(Signature of the Supervising Officer/ Controlling Officer with Official Stamp)		

(FOR USE IN THE OFFICE)

Leave	case of				
File N	0				
	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				
	D.A.				
	Supdt. Gr. II				
	S.O. (Estt.)				
	D.R. (Estt.)				
	Registrar				
	Vice-Chancellor				