



IDEAL INSTITUTE OF ENGINEERING

KALYANI — 741235

LEAVE APPLICATION FOR FACULTY/STAFF

Name _____

Designation: _____

Department: _____

Date of joining the college: _____

Leave Applied for	No of Days	From	To	Leave Balance
1) Casual Leave	_____	_____	_____	_____
2) Leave on Medical Grounds	_____	_____	_____	_____
3) Leave on Loss of Pay (LOP)	_____	_____	_____	_____

Specific reason for leave:

Whether leaving HQrs _____ Yes/No

If yes, give leave address with contact Telephone No. :

Declaration:

- i) No Classwork suffers
- ii) No Department work Suffers.

Date: _____

Recommended: _____ Signature of Applicant

HOD
Leave is due and may be Approved
for Faculty

Approved CEO/ Principal/ Registrar



IDEAL INSTITUTE OF ENGINEERING

KALYANI — 741235

LEAVE APPLICATION FOR FACULTY/STAFF

Name _____

Designation : _____

Department: _____

Date of joining the college: _____

Leave Applied for	No of Davs	From	To	Leave Balance
1) Casual Leave	_____	_____	_____	_____
2) Leave on Medical Grounds	_____	_____	_____	_____
3) Leave on Loss of Pay (LOP)	_____	_____	_____	_____

Specific reason for leave:

Whether leaving HQrs _____ Yes/No

If yes, give leave address with contact Telephone No.

Declaration:

- i) No Classwork suffers
- ii) No Department work Suffers.

Date: _____

Recommended: _____ Signature of Applicant

HOD
Leave is due and may be Approved
for Faculty

Approved CEO / Principal/ Registrar