

UNITED COLLEGE OF ENGINEERING & RESEARCH
LEAVE APPLICATION FORM FOR FACULTY

Date:-

Name/Designation/Department.....DOJ.....

Reason For Leave	Nature of Leave	Date of Leave	Duration of Leave	Leave already taken in the Current Month		Till Previous Month Leave Taken		Balance Leave Excluding this Leave
	CO / OD			CL	LWP	CL	LWP	CL
	CL / LWP							

Arrangement of Duties during Absence

Academic / Administrative Duty:

Date	Subject/Lab/Others	Sem./Sec.	Time	Name of Sign. Of Person Agreed	Signature

Recommended / Not Recommended
Signature of Head of Department

Signature of Applicant

Recommended by Dean Academics
(During Teaching Period)

Approved / Not Approved
Principal

Note:- Leave sanction is subject to availability of leave in the leave account.

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