

**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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