

UNITED COLLEGE OF ENGINEERING & RESEARCH
LEAVE APPLICATION FORM FOR STAFF

Date:-

Name.....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	
				CL	EL	LWP	CL	EL	LWP	CL	EL
	CO / OD										
	CL / EL / LWP										

Arrangement of Duties during Absence

Responsibility Arranged:

Date	Nature of Duty	Name 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 Cl/EL in the leave account.

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