

INSTITUTE OF HOME ECONOMICS
(University of Delhi)

LEAVE APPLICATION FORM

To be used for all types of leave

NAME : _____

DESIGNATION: _____

DEPARTMENT: _____

TYPE OF LEAVE	FROM	TO	TOTAL NO. OF DAYS	REMARKS
(a) Casual Leave				
(b) Earned Leave				
(c) Medical Leave				

Total Absence Required _____ Day(s) from _____ to _____

Purpose of Leave _____

Whether Leaving Station? (Yes / No) _____

Address while on Leave _____

Emergency Contact Number during leave _____

Date: _____

(Signature of Applicant)

REMARKS OF DEPARTMENT IN-CHARGE

1. Leave as requested above is recommended
2. Leave as requested above is not recommended on account of _____

Signature / Designation / Date

FOR USE IN ADMINISTRATION DEPARTMENT

Leave in Credit _____ Days; Leave Applied for _____ Days; Balance Leave as on Date _____ Days

Signature of S.O (Admn.)/ Dealing Asst.

REMARKS OF SANCTIONING AUTHORITY

1. Leave Sanctioned.
2. Leave not sanctioned on account of reason stated above.

Signature of Director, IHE