

THAPAR POLYTECHNIC COLLEGE PATIALA
APPLICATION FORM FOR LEAVE (OTHER THEN CASUAL LEAVE)

NAME

DESIGNATION

DEPARTMENT

PERIOD FOR WHICH LEAVE REQUIRED

REASONS

KIND OF LEAVE APPLIED FOR
 (Tick the required leave)

EARNED / COMMUTED LEAVE/
 HALF PAY / WITHOUT PAY

SIGNATURE

RECOMMENDED OF THE HOD/ INCHARGE

REMARKS

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FOR OFFICE USE

EARNED LEAVE / HALF PAY LEAVE DUE	:	_____	DAYS
EARNED LEAVE FROM	:	_____ TO _____	DAYS
HALF PAY LEAVE FROM	:	_____ TO _____	DAYS
COMMUTED LEAVE FROM (by doubling the HPL)	:	_____ TO _____	DAYS
LEAVE WITHOUT PAY FROM	:	_____ TO _____	DAYS

SANCTIONED

ESTABLISHMENT CLERK

OFFICE SUPDT.

PRINCIPAL