

LEAVE APPLICATION

Name of Teacher / Staff

Designation

Date of Leave

Reporting Date

Nature of Leave : Casual ☐ Medical ☐ Station Leave ☐ (Tick one)

Urgency Level : Urgent / Very Urgent / Most Urgent/Inevitable

Contact address and Phone No. in case of station leave :

Application submitted to

Signature of the applicant

FOR OFFICE USE

Leave(s) already availed

Leave(s) availed during the month

Approved

Not approved

See personally

Principal