

**MIT SAINT DNYANESHWAR B.ED. COLLEGE**

**Alandi (D) Pune**

**LEAVE APPLICATION FORM**

Name: - .....Department:-.....

Designation: .....

(Type of leave Applied for: - Casual / Medical/ Compensatory Off / leave without pay)

Duration From.....to .....for.....days

Prefix being weekly off/holiday/vacation.

(Details .....)Or suffix being weekly off/holiday/vacation (details.....)

**I will be joining my duties on .....**

Purpose of Leave: - .....

**LEAVE DETAILS**

CL Availed: - ..... ML Availed: - .....

CL Balance: - ..... ML Balance: - .....

C. Off. Available: - ..... C. Off applied for: - .....

C. Off Availed against: - ..... Enclosed comp off form:-.....

Details of immediate previous leaves: - .....

Add & Contact no during Leave Period .....

Date: -

Signature of Applicant

Remarks of recommending authority (Co-ordinator/HOD (For Non Teaching Staff)  
Alternative arrangement done during the leave period:-

Sr. No	Name of the alternative staff member	Signature of the alternative staff Member	Signature of the Timetable In charge	Signature of the Office In charge
1				
2				
3				
4				

**Recommended/ Not Recommended (if not recommended please specify reasons)**

Date

Signature of Recommending Authority

**Remarks of HR Department**

Leave Status Checked.

Leave Allowed as per policy.

Signature

Sanctioning Authority

Leave sanctioned? Not sanctioned

- Kindly fill up details about leave then only application will be forwarded to Sanctioning authority
- Submitting leave application does not necessarily mean that has been sanctioned so kindly confirm before you proceed for leave.