

SRI AUROBINDO COLLEGE (EVENING)

(UNIVERSITY OF DELHI)

MALVIYA NAGAR, NEW DELHI-110017

STAFF LEAVE APPLICATION FORM

NAME _____ DESIGNATION _____ DEPARTMENT _____

LEAVE FOR _____ DAYS _____ TO _____ (BOTH DAYS INCLUSIVE)

REASON IN BRIEF _____

CATEGORY OF LEAVE APPLIED FOR _____ CASUAL/MEDICAL/EARNED

DATE OF SUBMISSION OF APPLICATION _____

OFFICE REPORT

Signature in full

CATEGORY	AVAILED FOR	APPLIED FOR	BALANCE
EARNED			
HALF PAY (MEDICAL)			

DATE _____

Assistant (Administration)

S.O. (Administration)

Administrative Officer

DATE _____

Principal