



# AKAL UNIVERSITY TALWANDI SABO

## Leave Application For Faculty

**Bio-Metric ID No:** \_\_\_\_\_

Name: \_\_\_\_\_ Designation: \_\_\_\_\_

Department: \_\_\_\_\_ Number of Days of Leave \_\_\_\_\_

Period of Leave: From (date) \_\_\_\_\_ To (date) \_\_\_\_\_

Reason in Brief: \_\_\_\_\_

Category of Leave: \_\_\_\_\_ Date of Submission \_\_\_\_\_

Address and Contact number during leave period: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Signatures of applicant

Signatures of HOD/Incharge

Consent of the other faculty members to take Classes during leave period.

Date	Time	Class	Paper	Signatures

### Office Report

Total Leaves allowed: \_\_\_\_\_ Number of leaves already availed: \_\_\_\_\_

Previous Balance: \_\_\_\_\_ Type of Current Leaves: \_\_\_\_\_

Current Balance \_\_\_\_\_

(Signatures of dealing official)

Approval of the Sanctioning Authority

Signature: \_\_\_\_\_

Date: \_\_\_\_\_