



AKAL UNIVERSITY TALWANDI SABO

Leave Application for Non-Teaching Staff

Bio-Metric ID No _____

Name of the Employee: _____

Designation: _____ Department: _____

Leave for: _____ days from _____ to _____

Category of Leave: _____ Station/Casual/Compensatory/Leave without Pay

Reason in Brief: _____

Address and Contact number during leave period:

Date: _____

(Signature of the Employee)

Alternate arrangement to carry out the duty of the employee

Name: _____

Signature: _____

Date: _____

Leave recommended by _____

(For Office Use Only)

Type of Leave	Leave Due	Leave applied	Balance

Office Superintendent/Office Assistant

Designated Sanctioning Authority