Pragnya College Of Management & Computer Studies

LEAVE APPLICATION FORM

Employee Information:

Name: _____: _____: _____

Department: _____ Contact Number: _____

Leave Details:

Type of Leave: [ ] Casual Leave [ ] Sick Leave [ ] Duty Leave

Start Date: _____End Date: _____Number of Days: _____

Reason for Leave:

[ ] Personal Reasons [ ] Medical Reasons [ ] Family Reasons [ ] Other (please specify): _____

Substitute Teacher Details:

Name: _____: _____: _____

Department: _____ Contact Number: _____

Signature: _____

Employee's Signature: _____ Date: _____

Supervisor's Approval:

Approved: [ ] Yes [ ] No Comments: _____

Supervisor's Signature: _____ Date: _____