

# ADOPTION LEAVE APPLICATION FORM

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

I request you to grant me leave for the days as detailed below:

University Member's Details			
Name		University ID No:	
Title			
Department / Function		Name of HOD / Reporting Mgr	
School		Name of School Director / Function Head	

Leave Type:	From	To	Age of Child
Adoption Leave			

Enclosures (details of legal documents)
1.
2.
3.

How will your work be managed during your leave period?

Dates	Particulars of task / class	Details of alternate arrangements

Contact Details during leave:

Address:	Mobile No:
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Signature of the Applicant: \_\_\_\_\_

Sanctioning Authority:	
Name:	Signature:
Date:	
Approving Authority:	
Name:	Signature:
Date:	