LEAVE APPLICATION FORM

Date: _____

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

University Member's Details			
Name		ERP Code:	
Title		Name of Head of Department or Reporting Manager	
Department / Function			
School		Name of School Director / Head of Enabling Function	

Leave Type (CL/EL /ML/PL/AL)	From	To	Duration (No of Days)
Reason/s for leave:			

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:

Signature of the Member :_____

Head of Department or Reporting Manager:
Name: Signature:
Date:
Director or Head of Enabling Function or President or Vice Chancellor (if and as applicable):
Name: Signature:
Date:

SHIV NADAR UNIVERSITY