

NAME OF THE INSTITUTION: \_\_\_\_\_

## O.D LEAVE APPLICATION

Date :

1. Name of the Staff : \_\_\_\_\_

2. Designation / Dept. : \_\_\_\_\_

3. No. of Days & Period : \_\_\_\_ days; From \_\_\_\_\_ To: \_\_\_\_\_

4. Purpose of Leave : \_\_\_\_\_

5. Deputing Authority : \_\_\_\_\_

Alternative Arrangements:

Date	Period	Substitute	Agreed & Signed

Signature

Recommended / Not Recommended

HOD

Sanctioned / Not Sanctioned

PRINCIPAL

**LEAVE APPLICATION**

(Available on [www.klr.ac.in](http://www.klr.ac.in) also)

Date :

1. Name of the Staff : \_\_\_\_\_
2. Designation / Dept. : \_\_\_\_\_
3. No. of Days & Period : \_\_\_\_\_ days; From \_\_\_\_\_ To: \_\_\_\_\_
4. Kind of Leave : CL / LOP
5. No. of Permitted Leaves : \_\_\_\_\_ 6. No. of leaves availed: \_\_\_\_\_ 7.No. of leaves remaining: \_\_\_\_\_
8. Purpose of Leave : \_\_\_\_\_

**Signature of Applicant**

**Date:**

**Signature of HOD**

**Signature of Vice Principal**

**Signature of Principal**

**Acknowledgement by Convenor, Academic Cell**

**Acknowledgement by A.O**

(Note: Please do not sign if all the columns are not filled)

**To be submitted to Convenor, Academic Cell**

(Do not accept if all the columns are not filled)

1. Name of Faculty Member : \_\_\_\_\_
2. Designation / Department : \_\_\_\_\_
3. Leave From \_\_\_\_\_ To \_\_\_\_\_
4. Alternative Arrangement \_\_\_\_\_

Date	Period	Substitute	Agreed & Signed

**To be submitted to Administrative Officer**

1. Name of Faculty Member : \_\_\_\_\_
2. Designation / Department : \_\_\_\_\_
3. Leave From \_\_\_\_\_ To \_\_\_\_\_ : No. of Leaves: 1/ 2 / 3 / 4
4. Cumulative No. of leaves already availed in the calendar year \_\_\_\_\_ 5. No. of leaves remaining \_\_\_\_\_
7. Immediate previous leave Date: \_\_\_\_\_ Days \_\_\_\_\_ Whether exceed the sanctioned days: YES / NO
8. Sanctioned as : CL / LOP
9. Entered into Accounts Dept. on \_\_\_\_\_
10. Entered into Leave Register on \_\_\_\_\_

**Signature of Administrative Officer**