

### Leave Application Form-Teaching Faculty

Employee Name : \_\_\_\_\_ Department : \_\_\_\_\_  
 Visa/PP No : \_\_\_\_\_ Date : \_\_\_\_\_  
 Designation : \_\_\_\_\_ Campus : \_\_\_\_\_

Type of leave	Evidence	Start Date	End Date	No of Days
Annual Leave	-	<input type="text"/>	<input type="text"/>	<input type="text"/>
Normal Sick Leave	Provide	<input type="text"/>	<input type="text"/>	<input type="text"/>
Family Responsibility Leave	Provide	<input type="text"/>	<input type="text"/>	<input type="text"/>
Pre-natal Leave	Provide	<input type="text"/>	<input type="text"/>	<input type="text"/>
Paternity Leave	Provide	<input type="text"/>	<input type="text"/>	<input type="text"/>
Special Leave	Provide	<input type="text"/>	<input type="text"/>	<input type="text"/>

State the Reason of your leave

Do you have any class on the date of leave :  Yes  No  
Date Time

If yes, Please indicate the rescheduled class :

Signature of Employee : \_\_\_\_\_

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

Recommendation of Supervisor	Approved / Not Approved
Recommendation of Dean	Director:  Date

**Note:**

1. Application for leave should be submitted 7 days before privileged leave commence
2. In case of Annual leave application should be submitted before 30 days of commencement
3. Attach relevant supporting documents for reference, if required.