

DATE : / /

INDIAN MARITIME UNIVERSITY
LEAVE APPLICATION FORM
(Group - B, C, D Employees)

NAME _____ DESIGNATION _____

COMMUNICATION ADDRESS/TEL NO. : _____

NATURE OF LEAVE REQUIRED: CL EL SL(HPL/CFPL)

NO. OF DAYS _____ : FROM _____ TO _____

REASON : _____

APPLICANT SIGNATURE

REPORTING OFFICER:

REGULAR IRREGULAR HABITUAL UNAUTHORISED ABSENTEE

RECOMMENDED NOT RECOMMENDED *SIGNATURE* _____

(REPORTING OFFICER)

IS SUBSTITUTE NECESSARY _____

ESTABLISHMENT DEPARTMENT

STATUS OF LEAVE CREDIT		LEAVE TAKEN DURING THE MONTH	
Type of Leave	No of Days	Type of Leave	No of Days
Casual Leave		Casual Leave	
Restricted Holiday		Restricted Holiday	
Earned Leave		Earned Leave	
Sick Leave		Sick Leave	

DEALING ASSISTANT

AR (ADMIN)

APPROVING AUTHORITY:

SANCTIONED NOT SANCTIONED *SIGNATURE* _____

(DEPUTY REGISTRAR)