

# SMS GROUP OF INSTITUTIONS, LUCKNOW-227125

## LEAVE APPLICATION FOR FACULTY / STAFF MEMBERS

### FILL THE FORM CLEARLY & MENTION THE DATE

1. Name: \_\_\_\_\_

2. Department: \_\_\_\_\_ 3. Designation: \_\_\_\_\_

4. Leave Details:

(A) Casual Leave:-

From \_\_\_\_\_ To \_\_\_\_\_

(B) Short Leave:- (Morning) OR (Afternoon)

Dated \_\_\_\_\_

(C) Official Duty / Official Leave:-

From \_\_\_\_\_ To \_\_\_\_\_

(D) Earned Leave:

From \_\_\_\_\_ To \_\_\_\_\_

(E) Compensatory Leave / Special Leave:

From \_\_\_\_\_ To \_\_\_\_\_

5. Reason For Leave:

6. Address:

7. Contact No.:

8. Date of Application:

**NOTE:** I have no pending work till the end of my leave / I have following task to be done and I have made arrangements as under:

- Task
- Alternative Arrangement / Revised Completion Date

Signature of Applicant ( )

Signature of Examination Controller ( )

Signature of Administrative Officer / Coordinator / HOD ( )

Sanctioned / Not Sanctioned

**Registrar / Associate Director / Director**

**Alternative Teaching Arrangement:-**

S.No.	DATE	COURSE	PERIOD	SUBJECT	ALTERNATIVE FACULTY / STAFF WITH NAME
1.	/ /				
2.	/ /				
3.	/ /				
4.	/ /				
5.	/ /				
6.	/ /				