



OFFICE OF THE REGISTRAR: SIBSAGAR UNIVERSITY, SIVASAGAR

EMPLOYEE LEAVE APPLICATION

Name of the employee: \_\_\_\_\_

Designation: \_\_\_\_\_

Department: \_\_\_\_\_

Leave Dates:  
From \_\_\_\_\_ to \_\_\_\_\_ total \_\_\_\_\_

Type of leave: \_\_\_\_\_

Station Leave Period(if required):  
From \_\_\_\_\_ to \_\_\_\_\_ total \_\_\_\_\_

Purpose of Leave: \_\_\_\_\_ (attach documents if required)

Adjustment of classes during the period of leave as per routine: **(applicable for teaching staff)**

Number of classes and paper(s)	Assigned to Program/ semester	Classes interchanged with teacher (Name of the teacher)

Leave Details:

Period (from the month of _____ to _____)	Total Accumulated Leave (in days) (A)	Already Availed Leave (in days) (B)	Leave Applied for (in days) (C)	Leave Balance (in days) (A-(B+C) = D)
CL				
RST				
EL				
CCL				
Any other Leave				

Signature of Employee  
Date:

Forwarded by HoD  
Date:

Checked by HA/SA:

Approved/ not Approved

Registrar (Admn)