Form for applying leave other than Casual Leave, Compensatory leave, Duty Leave etc.

HIMACHAL PRADESH UNIVERSITY
“ESTABLISHMENT BRANCH”

Note:- Application should be submitted at least 15 days before the proposed date of availing.

I. To be filled by the Applicant.
   1. Name of the Applicant
   2. Designation
   3. Department/Office
   4. Leave applied for with period & date of commencement
   5. Dates/period to be Prefixed/Suffixed
      Prefixed
      Suffixed
   6. Reasons for applying leave
   7. Leave last availed of with period & date
   8. Address for correspondence during leave
   9. Contact telephone number during the period of leave

Dated:……………………………………….………………………………………..
(Signature of Applicant)

II To be filled in by Supervising/Controlling Officer: -
   1. Leave applied for is
     (Please indicate in own hand “Recommended” or “Not Recommended”)
   2. Reasons, if leave not recommended

   3. Work of the Applicant will be looked after by the existing staff or Deptt./Office by internal adjustment.
   4. In case of leave of Teacher, please indicate the name/designation of the Teacher who will look after the routine work of the Deptt. or attend classes of the Applicant during the leave period.

Despatch No._____________      _____________________________
Dated:__________________      (Signature of the Supervising Officer/Controlling Officer with Official Stamp)
(FOR USE IN THE OFFICE)

Leave case of ____________________________________________________________

File No. ______________________________________________________________

1. Total Leave due (as on __________________________)

2. Whether the leave applied is admissible or not    YES/NO

3. Duration of leave proposed to be sanctioned :

_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________

4. Sanctioning Authority : Deputy Registrar (Estt.)/Registrar/Vice-Chancellor

5. Submitted for the kind approval/ex-post-facto approval of the __________________________ Please.

   D.A. ______________________________________

   Supdt. Gr. II ______________________________________

   S.O. (Estt.) ______________________________________

   D.R. (Estt.) ______________________________________

   Registrar ______________________________________

   Vice-Chancellor ______________________________________