

Leave Application
School of Engineering
O P Jindal University Raigarh

Details of the Employee

Name:.....Designation:.....Department:.....

Contact Number:

Details of the Leave applied: Type of the leave

(CL/EL/Medical/Optional /Out-Duty /Sp Leave) :..... with

If OD is taken, please attach supporting documents with the leave form.

Duration of the leave:

From:/...../..... **to**/...../..... **Total number of days:**.....

Reason for LeaveTaken :

Number of leave(s) taken so far during Current Semester:

Type of Leave	Total No of days availed	From Date :	To Date :	Date of Rejoining
Casual Leave(CL)				
Earned Leave (EL)				
Medical Leave (ML)				
Outdoor Duty Leave(OD)				
Optional Leave (OL)				
Leave Without Pay (LWP)				
Special Leave				

Verified / Not Verified: - **By** _____

Load Adjustment Details (All theory/Lab/Exams duty etc):

Sr No	Name of Subject (Th/Lab)	Period no & Venue	Date/Day	Name of the Alternate Faculty Member	Signature of the Alternate Faculty Member

(Please add more sheet if required)

Signature of the applicant

Date:

Recommended / Not Recommended. (with comments)

Signature of the HOD

Date:

Approved / Not Approved

Signature of the DEAN (SOE)

Date: