

ITM UNIVERSE, VADODARA
Leave Report

Date of Application:

Date of Joining:

Name :
Designation :
Department :

**The Managing Director,
ITM UNIVERSE, VADODARA.**

Respected Sir,

Kindly grant me, leave as mentioned below.

From To

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 No. of Days Leave Applied

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 +

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 Suffix / Prefix/Inter fix

Type of leave: Casual Leave / Medical Leave / Earned Leave / LWP

Reason:

Thanking You.

Yours faithfully,

(.....)

Pre Sanction

Post facto Sanction

(Staff is requested to (√) as applicable)

My work Load Arrangement is mentioned below.

Sr. No.	Day/Date	Period No. & Room No.	Subject	Period Engaged by	Sign

Leave Enjoyed (As on date) _____

CL EL Medical Leave

- Leave brought forward (days) _____
- Leave balance after deducting
Leave now applied (days) _____

For Office Use

Recommended

Departmental I/c Time Table

Head of Department

Dean Administration

Leave Balance as on date (deducting previous Leaves)

- CL _____
- EL _____
- Medical Leave _____

Sanctioned / Not sanctioned

Leave Certificate No. _____

Managing Director

Disposed off, Signature of Admin Executive _____

[Disposed off implies entering details in Daily Attendance Register and filing in the personal file.]

Dean Administration