



YASHODA SHIKSHAN PRASARAK MANDAL, SATARA

NH-4, Wadhe Phata, Satara- 415011.

Name of the Institute _____

Leave Application (For Teaching & Non-Teaching)

Date of submission: / / 201

To,
Principal/Registrar,

Respected Sir / Madam,

I am _____ the undersigned hereby request you please grant me casual/duty/ Medical/Maternity/Study/C.off leave from date _____ to date _____ total days _____ prefix/suffix with Reason for leave _____
Emergency Contact No:- _____ & Email ID:- _____

1) For Teaching (Alternative arrangement made in my absence.)

Sr. No.	Date	Time	Class	Subject	Name of alternative staff	Signature

Dated Signature of HOD _____

Designation of Applicant: _____

Dated Signature of Applicant _____

2) For Non-Teaching- Alternative arrangement made in my absence:

Name.....Designation.....Dept.....

Signature of alternative staff.....

Dated Signature of HOD _____

Dated Signature of Applicant _____

3) For office use only:

Joining Date: _____

Sr. No.	Leave Type	Used till date	Balance till date of application
1	Casual Leave		
2	Medical Leave		
3	Study Leave		
4	Compensatory Off		
5	Extra-Ordinary Leave		

EST clerk _____

Dy. Registrar _____

4) Leave Approval Status:

a) Leave recommended with pay total days..... b) Leave recommended without pay total days.....

c) Leave not recommended days with remarks.....

Registrar /Principal _____

5) To be Returned to Applicant

NameTotal..... casual/duty/Medical/Maternity/Study/C.off leave from date.....to datesanctioned / not sanctioned with pay / without pay.

Date: _____

Est. Clerk _____

O.S. / Registrar _____