



POORNIMA UNIVERSITY

E2

(Estd. by Rajasthan State Legislature vide Act No. 16/2012 & Recognized under Section 22 (1) of UGC Act 1956)

EMPLOYEE LEAVE/OD APPLICATION FORM

Name _____ Designation _____ Emp. Code _____
School _____ Department _____

Type of Leave/OD: Planned Emergency / Telephonic:

Leave/OD taken so far: _____ Out of total Sanctioned: _____ HOD Name _____

Leave/OD applied from (Date): _____ to _____ No. of Days _____

Reason: _____

HOD Copy

S. No.	Date	Class	Name of the alternative lecturer	Time	Period	Subject to be taken	Sign. of the alternative lecturer

Name & Signature of Applicant with date

Name & Signature of Recommending Authority

Name & Signature of Approving Authority



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PERMISSION FOR 5 DAYS STUDY LEAVE

Name: _____ Department: _____ Emp Code: _____ Date: _____
School: _____ Last Qualification _____ Year of Passing _____
Qualification for which permission is required: _____
Date of Commencement: _____ Duration of Course: _____
Mode of Education (full time / part time) _____
Name of Institution _____ City: _____

Any other request for permission of study leave :

Signature of Applicant

Remarks, Name & Signature of HOD/ Dean as recommending authority

Remarks & Signature of Approval by Provost