



UNIVERSITY COLLEGE OF ENGINEERING, PANRUTI

LEAVE / PERMISSION APPLICATION

Name : _____ Date: _____

Designation : _____ Department: _____

Nature of leave : (CL / Spl.CL / OD / RH / Compensation Leave /
Permission)
(RH – In Lieu of _____)

No. of days of leave required : From _____ To _____ Total No. of Days: _____

Leave Availed: _____ Leave at Credit: _____

Permission: Date: _____, Time From _____ To _____, No of Hours: _____

Reason for leave/Permission : _____

DUTY ALTERATION

S. No.	Date	Period	Name of the Subject	Replacement Faculty Name	Sign. of Replacement Faculty
1					
2					
3					
4					

Signature of the Applicant

Head of the Department

Dean



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