

BABA BALRAJ PANJAB UNIVERSITY CONSTITUENT COLLEGE

BALACHAUR

LEAVE APPLICATION FORM (Staff)

Name _____

Designation _____

Branch _____

Type of Leave Applied _____

Purpose of Leave applied _____

Period of Leave applied From _____ To _____

No. of Days _____

Suffix/Prefix, if any _____

Leave already Availed _____

Balance Leave Status _____

Address during Leave _____

Contact Number _____

Date:

(Signature of applicant)

Recommending Authority

Sanctioning Authority