GOVT. POLYTECHNIC HAMIRPUR

DISTT. HAMIRPUR (H.P.)

Telefax: 01972 – 258509, E-mail: gphamir@gmail.com

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**LEAVE APPLICATION**

Name of the applicant ………………………………………………………………Designation…….……………………….

Department…………………………………………………………No. of days leave applied for ……………………….

Purpose of leave………………………………………………………………………………………………………………………….

Date……………………………. Signature of Applicant

**ADJUSTMENTS /Duty Assigned**

|  |  |
| --- | --- |
|  | **Assigned / Allotted To** |
| Sr. No. | Branch & Semester/Office Work | Time  | Subject | Name  | Signature |
|  |  |  |  |  |  |
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Remarks by HOD/OI/Office Supdt.

Recommended/Not Recommended Signature of HOD/OI/Office Supdt.

Remarks by Principal

Sanctioned / Not Sanctioned Signature of Principal

**FOR OFFICE USE ONLY**

|  |  |  |
| --- | --- | --- |
| TOTAL LEAVE DUE (ANNUALLY) | TOTAL LEAVE AVAILED  | REMARKS |
| Casual Leave | Comp. Leave | R.H.  | Total  | Casual Leave | Comp. Leave | R. H.  | Total  |  |
|  |  |  |  | Jan.  |  |  |  |  |  |
|  |  |  |  | Feb. |  |  |  |  |  |
|  |  |  |  | Mar. |  |  |  |  |  |
|  |  |  |  | Apr. |  |  |  |  |  |
|  |  |  |  | May |  |  |  |  |  |
|  |  |  |  | June |  |  |  |  |  |
|  |  |  |  | Jul. |  |  |  |  |  |
|  |  |  |  | Aug. |  |  |  |  |  |
|  |  |  |  | Sep. |  |  |  |  |  |
|  |  |  |  | Oct. |  |  |  |  |  |
|  |  |  |  | Nov. |  |  |  |  |  |
|  |  |  |  | Dec. |  |  |  |  |  |

**Note: - \* Compensatory Leave is to be availed with in a month.**

 Supdt. Principal

 Govt. Poly. Hamirpur (H.P.) Govt. Poly. Hamirpur (H.P.)