



AKAL UNIVERSITY
Talwandi Sabo, District Bathinda (Punjab)

Leave Application

Name : _____ Designation: _____

Department: _____ Number of Days of leave _____

Period of Leave: From (date) _____ To (date) _____

Reason in Brief: _____

Category of Leave: _____ Date of submission: _____

Address and Contact number during leave period: _____

Signatures of applicant

Signatures of Department Incharge/Head

.....
Consent of the other faculty members to take classes during the leave period.

Date	Time	Class	Paper	Signatures

.....
Approval of the Sanctioning Authority

Signature : _____

Date : _____

.....
Office Report

Total Leaves allowed: _____ Number of leaves already availed : _____ Previous Balance : _____

Type of current leave: _____ Current Balance _____

Signatures of dealing official