

SRI AUROBINDO COLLEGE (EVENING)

(UNIVERSITY OF DELHI)
NEW DELHI

STAFF LEAVE APPLICATION FORM

Name and Designation.....Deptt.....

Leave for.....days.....to.....
(both days inclusive)

Reason in brief.....

Category of leave applied for.....Casual/Medical/Earned

Date of submission of application.....

OFFICE REPORT

Signature in full

Category	Availed for	Applied for	Balance
Earned			
Half Way (Medical)			

Date.....

Signature of Dealing Assistant

S. O. (Administration)

Administrative Officer

Date.....

Principal