

Letter No:

Date:

APPLICATION FOR CASUAL/DUTY/ ACADEMIC LEAVE

1. Name Designation & Department:
2. Period of absence: From.....to.....
(Both days inclusive)
3. Name of leave sought:
(Casual leave/ Duty leave)
4. No. of days of leave:
(Excluding Sunday holidays)
5. Purpose (Please attach
Document showing the nature
6. Of duty in case of duty leave):
7. Address during absence:
(If leaving the Headquarters)

Signature/ Date

(TO BE FILLED BY THE HEAD OF THE DEPARTMENT)

- I. Previous balance of duty / casual / Academic leave for the current perioddays.
- II. No. of duty/ casual / Academic leave now applied fordays.
- III. Further balance due.....days duty/ casual/ Academic leave.
- IV. Leave sanctioned Application forwarded to the Chairman, P.G. Council with necessary entries in leave Register.

Signature of the HOD/ Date

Leave sanctioned
Forwarded to the Vice- Chancellor

Chairman,
P.G. Council, Utkal University