

PEC University of Technology

Application for Earned Leave/Half Pay Leave/Commuted Leave /Extra-Ordinary Leave/Extension of Leave

1.	Name:	Employee Code No.	
2.	Designation:	Department:	
3.	Kind of leave requested: If commuted leave, have you attached medical certificate		
		Yes/No/N.A	
4.	Duration of leave requested	No. of days:	
		From:	To:
5.	Saturday/Sunday/ Holidays , if proposed to be prefixed or suffixed	Prefixed:	
		Suffixed:	
6.	Reason for availing leave:		
7.	Whether the applicant proposes to avail of leave travel concession for the block year during this leave.	Yes/No	
8.	Alternate arrangements made for during the leave period, in respect of: (a) Academic responsibilities (pl. obtain concurrence of respective faculty/staff member) (i) Classes/lab classes *(ii) M.E thesis work of M.E student(s) working with you *(iii) Ph.D thesis work of student(s) working with you (b) other responsibilities: (i) department level: (ii) institute level: (c) Confirm that the concerned respective co-ordinating officer as in 8(b)(ii) (if applicable) and the Director (if applicable) has been informed.		
9.	Contact address during leave period:		
	Contact Telephone No. during the Leave period:	Landline No.	Mobile No.

Recommendation of HOD/Head of Section

Signature of the applicant

Date:

Sanctioned/Not Sanctioned

Sanctioning Authority

Director/Deputy Director/Registrar

* To be filled in by the faculty member, if applicable and if the duration of leave exceeds one month

