

ASHOKA INSTITUTE OF ENGINEERING AND TECHNOLOGY::MALKAPUR

REQUEST FOR SANCTION OF LEAVE

(TEACHING STAFF)

Name & Designation : _____
Department : _____
Nature of Leave : **CL / AL / OD / EL / CCL/LWP / LOP**
No. of Days : _____
Date : _____
Balance CL's : _____
Planned Leave: Unplanned Leave:

Reasons : _____
If unplanned, information sent to : _____
Candidates contact Number : _____
Name of Substitute/Alternate : _____

CLASS ADJUSTMENTS

Date	Class	Subject	Time	Teacher	Signature
EXAMINATION DUTIES ADJUSTMENTS					

Signature of Staff

a.)I/C /HOD : Recommended / Not Recommended: _____

b.)Controller of Examination: Recommended / Not Recommended: _____

Leave Sanction / Not Sanctioned

PRINCIPAL

Name & Designation: _____ Department: _____ No. of Days: _____
Date: _____

Candidate Contact Number: _____

CLASS ADJUSTMENTS:

Date	Class	Subject	Time	Teacher	Signature

HOD Signature

Signature of Staff