



ROF-15

Leading University, Sylhet
Ragib Nagar, Kamal Bazar, Sylhet-3112
Phone:+880-821-720303-4. Fax: 880-821-720307

Date:

To

The Registrar

Leading University, Sylhet.

Subject: Application for Payment for Extra Duty.

Dear Sir,

I, the undersigned, have performed ----- days extra duty as mentioned in the table. This duty was assigned and supervised by -----

Sl.No.	Date	Form	To	Purpose	Sign of Supervisor

In view of the above, you are requested to take necessary action in this regard and oblige thereby.

Your Sincerely,

Name:
Designation:
Office:

Concerned Head of the Dept/Office
Signature with Seal