

Leave Application Form

Applicant's Information				
Name of the applicant				
Designation				
Department				
Applicant ID No				
Type of leave				
Reason of leave (Incase of medical leave, medical certificate is required. Incase of duty leave original papers are required to attach).				
Is station leave necessary? If yes, permission required from the authority, explain reason.				
Leave starts from		To		Total Day
Leave Address with Mobile/Phone				
Leave Substitute				
Applicant's signature (with date)				

Sanction/Recommendation from the concerned department/Section				
Department				
Designation of the concerned Dept. Head				
*Recommendation/Sanction	Yes		No	
Signature (with date)				

Please do not write below this point

For Registrar's Office use Only				
Leave granted?	Yes		No	
Leave with pay?	Yes		No	
Comments (if any)				
Authorized signature (with date)				



Leading University

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Whether the students
informed earlier:

Yes

No

Name of the Teacher:

Department:

Leave Applied for

Sl No	Name of the Courses	Leave day	Scheduled class during leave	Date & Time of Make Up Class	Remarks

Signature of Head of the Dept.

Signature of the Teacher