



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

ROF-15

Date:

To

The Registrar

Leading University, Sylhet.

Subject: Application for Payment for Extra Duty.

Dear Sir,

I, the undersigned, have performed
duty was assigned and supervised by

days extra duty as mentioned in the table. This

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