



Leading University, Sylhet

Day Off Declaration Form

ROF-05

Department/ Office:

Date:

For the Tenure/Semester:

Sl.	ID	Designation	Name	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sign
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16											
17											
18											
19											
20											
21											
22											
23											
24											
25											
26											
27											
28											
29											
30											

Signature of Head of the Dept./Office with Seal

Registrar