

Leading University, Sylhet

Ragibnagar, South Surma, Sylhet-3112

Phone:+880-821-720303-4. Fax: 880-821-720307

Leave Application Form (For Dean Head Office Head)

1	Name of the Applicant									
	(Faculty Official)									
2	Designation			Depai	rtment	t				
3	Type of Leave (Select Option	(Select Option)		asual	Duty	5	Station Leave		e Ot	hers
4	Reason of Leave (In case of		Г	C	: -1	olemana Othe		2443		
	Casual Leave)		Personal		3	Sickness Others				
5	Leave Applied for/ Departu	re time				to				
6	Total Leave Applied for/								D	vv(a)
	Departure from Office								Da	ıy(s)
7	Address during Leave (with	1								
	Mobile/ Phone Number)									
8	Leave Substitute:		Name			D	esign	ation	Signa	ture
	a. Dean's Responsibilities									
	b. Department/ Office									
	c. Others responsibilities									
App	licant Signature with date:									
Recommendation of Dean (Only for H			lead of the Dept.)				Signature & Date			

For Use of the Registrar's Office											
I carra antidament of	Casual Duty S	Sick Leave		Day (s)							
Leave entitlement of Applicant in the year - 20	Leave Applied	d for		Day (s)							
Applicant in the year - 20	Balance of Le	eave		Day (s)							
Registrar			Vice Chancellor								

Leading University, Sylhet Leave Approval Letter

A total of day (s) Casual Duty Sick Leave Others with departure from office for

Mr Designation

Faculty Dept. Office has been granted.

Registrar

N.B: Leave Application Form to be submitted to the office of the Registrar before 03 (three) days of proceeding to leave. Necessary documents /evidences have to be submitted in case of duty & medical leave with a forwarding letter.