POORNIMA
INSTITUTE OF ENGINEERING & TECHNOLOGY

E2

EMPLOYEE LEAVE/OD APPLICATION FORM

Name _____ Designation _____

Campus _____ Department _____

Type of Leave: Planned ☐ Telephonic: ☐

Leave/OD taken so far: _____ Out of total Sanctioned: _____ HOD Name _____

Leave/OD applied from (Date): _____ to _____ No. of Days _____

Reason: _____

Signature of Applicant with date	Signature of Recommending Authority	Signature of Sanctioning Authority

HOD Copy

S. NO.	Date	Class	Name of the alternative lecturer	Time	Period	Subject to be taken	Sign. of the alternative lecturer