



RAFFLES UNIVERSITY, NEEMRANA

LEAVE APPLICATION

1. Name of the Applicant:

2. Name of School /Department:.....Designation:

DATES FOR WHICH LEAVE IS REQUIRED

Table with 2 columns: Leave Type (Full Day / Half Day) and Leave Details (From, To, Total Days, First Half / Second Half)

3. Types of Leave:

- Casual Leave (CL) [] Compensatory Leave (Com L) []
Academic Leave (AL)(For teachers only) [] Earned Leave (EL) (For Non-Teaching Emp. only) []
Medical (ML) [] Sick Leave (SL) (only for one or two Days) []

4. Purpose for taking Leave.....

NON- TEACHING STAFF :

During my absence fromto, office work will look after by:

Name..... DesignationSignature.....

TEACHING EMPLOYEE:

Name of the teacher of the concerned faculty who has taken responsibility to engage class during leave fromto.....

Name..... DesignationSignature.....

Note: Duty Chart is attached with the application (Back Side).

5. Compensatory Leave /Off :- Details of Work /Task/Assigned to you (Official only) (If any)

a. Location of Activity.....Ordered By:.....

Table with 5 columns: S.N, Date, Day Name, Timing (From, To), Activity Details. Includes a total days row and a recommendation row.

Dean/ Head: Contact Number..... Signature of Applicant & Date

For Registrar Office Use only

Leave for the above purpose is being forwarded to President, Raffles University for kind approval.

(Registrar) Signature and Date

For President Office Use only

Leave for the above purpose is APPROVED and CL/EL/ML/ AL may be sanctioned as per norms.

Balance Leaves Account table with columns: CL, AL/EL, ML, Com. L

Sanctioning Authority

(President, Raffles University, Neemrana)

TO BE FILLED BY DEAN / HEAD OF DEPARTMENT

During my absence, office work as Acting Incharge of the Department / School will be looked after by.....

Signature with Date.....

TO BE FILLED BY FACULTY MEMBERS

During my absence, my Class work will be looked after by the following faculty members, as below:

Duty Chart

S.N	Date	Name of Faculty Member (who has taken class work)	Period	Time	Signature	Remarks
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

Signature Dean / Head of Department
Date: