Government Polytechnic Simdega

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Application format for Casual Leave/ Restricted Holiday/ Headquarter Leave (For staff members)

Name of the Staff Member:			
Designation:			
Type of Leave			(CL/RH/HQL)
Duration of Leave: From Date	Time	to DateTime:	
Total number of days of leave:			
Reason of Leave:			
Date and time of joining after ava	ailing leave:		
Leave Address:			
Phone number to contact if requi	ired:		
I have made the alternate admini	strative commitments, if	any for the leave period.	
1			
2			
3			
4			
5			
Signature of the faculty:	Date:	Time:	
Leave Taken:Lo	eave Balance:	(Sign. Office Staff)	

Leave Approved/Not Approved

(Principal)