Government Polytechnic Simdega

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

Name of the Faculty Member	er:				
Designation:					
Department:					
Type of Leave					(CL/RH/HQL)
Duration of Leave: From Dat	e1	ime	to Date	Time:	
Total number of days of leav	/e:				
Reason of Leave:					
Date and time of joining afte	er availing leave	:			
Leave Address:					
Phone number to contact if	required:	•••••			
I have made the alternate ar leave period. 1	-				•
2					
3					
4					
5					
Signature of the faculty:		Date:		Time:	
Leave Taken:	Leave Balan	ce:	(Sign. (Office Staff).	

Leave Approved/Not Approved