



Sanskar Mandir Sanstha's
ARTS, COMMERCE COLLEGE

1158

Warje - Malwadi, Pune - 58.

APPLICATION FOR EARN / MEDICAL LEAVE

Name : _____

Designation : _____ Section _____

Period of Leave required from : _____ To _____

Reason : _____

Address During Absence of Leave _____

Earned Leave / Medical Leave / without Pay Leave.

Date : _____ Signature of Applicant _____

Remarks of the Section Concerned

Shri/Smt/Miss _____ may/may not granted leave applied for by him/her.

Shri/Smt/Miss _____ may/may not be appointed as substitute to hold

Additional charge of post of / to act as _____

_____ during the period of leave.

Signature of H.O.D. / Section _____

Remark of the Establishment Unit

E.L. / M.L. _____ day/s

E.L. / M.L. for _____ day/s

Commutated leave for _____ day/s

Without pay leave for _____ day/s

from _____ to _____

from _____ to _____

from _____ to _____

may be sanctioned / refused.

It is Certified that Shri / Smt / Miss _____ would have continued to officiate as

_____ but for proceeding on leave.

Appointment of Shri / Smt / Miss _____ to act as to hold additional charge of post
of / as substitute _____ may please be approved during the said period of leave.

leave sanctioned / refused.

Signature of Establishment

Principal