FAZAIA MEDICAL COLLEGE
AIR UNIVERSITY
LEAVE APPLICATION FORM (FACULTY)

(Filling of all column is mandatory)

Biometric ID: _____

Name _____ **Date** _____

Designation _____ **Department** _____

Leave requested from _____ **to** _____ **No of Days** _____

Type of Leave: Casual ☐ Annual ☐ Medical ☐ Other _____

Reason for current Leave _____

Date: Applicant Signature

Duties will be performed by (Relieving faculty):

Date Signature & Seal

Remarks by the HOD: (Recommended / Not Recommended)

Date: Signature & Seal

Remarks by HR Department: (Entitled / Not Entitled)

Date: Signature & Seal

Remarks by the Vice Principal:

(Approved / Recommended / Not Approved / Not Recommended)

Note: VP can approve casual leave upto 04 Days and recommend the remaining.

Date: Signature & Seal

Remarks by the Principal FMC (Approved / Not Approved)

Date: Signature & Seal

Note: Please submit the approved application form to HR Department for record in Biometric as well.

Leaves Availed: _____

Leaves Balance: _____

Leaves Requested: _____

Leaves Details: _____

Verified By:

Date & Signature: _____

Note (If Any): _____