FAZAIA MEDICAL COLLEGE
AIR UNIVERSITY
SHORT LEAVE FORM (FACULTY/STAFF)

(Filling of all column is mandatory)

Biometric ID: _____

Name: _____ **Date:** _____

Position: _____ **Department:** _____

Time: From _____ **To** _____

Date: Applicant Signature

Remarks by HoD: Approved/Recommended /Not Approved/ Not Recommended

Note: HOD can approve the staff short leave and recommend the faculty short leave.

Date: Signature & Seal

Remarks by HR: (Entitled/ Not Entitled)

Date: Signature & Seal

Remarks by the Vice Principal :(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: _____