FAZAIA MEDICAL COLLEGE
AIR UNIVERSITY
LEAVE APPLICATION FORM (STAFF)

(Filling of all column is mandatory)

Biometric ID_____

Name: _____ **Date:**_____

Position: _____ **Department:** _____

Leave requested from _____**to** _____**Number of Days:** _____

Leave Type: Casual ☐ Annual ☐ Medical ☐ Other _____

Reasons for Current Leave_____

Date: Applicant Signature

Duties will be performed by (Reliever Name):_____

Date: Reliever Signature

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

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

Date: Signature & Seal

Remarks by HR: (Entitled/ Not Entitled)

Date: Signature & Seal

Remarks by the Vice Principal :(Recommended/Not Recommended)

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): _____