# Fazaia Logo BFAZAIA MEDICAL COLLEGE

# AIR UNIVERSITY

# LEAVE APPLICATION FORM (FACULTY)

(Filling of all column is mandatory)

**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.