**FAZAIA MEDICAL COLLEGE**

**AIR UNIVERSITY**

#  SHORT LEAVE FORM (FACULTY/STAFF)

(Filling of all column is mandatory)

**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.