



LEAVE APPLICATION FORM

Name: _____

Sector: _____ Project: _____

Place of Posting: _____

Type of leave applied: _____ (CL / ML)

DD-MM-YYYY

DD-MM-YYYY

From: _____ To: _____ Total Days

Purpose of Leave: _____

If accommodation leave, shifting from: _____ To: _____

Address during leave: _____

Contact no. during leave: _____

Responsibility handed over to :

Name: _____ Trade: _____

Place of Posting: _____ Signature: _____

(Signature of Vocational Teacher)

Remarks by Principal: **Approved / Not Approved**

(Signature with seal of Principal/Head of School)

