



RUNGTA GROUP OF INSTITUTIONS

PLANNED LEAVE APPLICATION

Emp. Id :Employee Name.....

DesignationDept..... Institute.....

Leave fromleave toDate of Application.....

If Going to out of Station, Address with Phone No :

Type of Leave Application : Short Break / Planned Leave

| | | | | | | | | | | |
|----------------------|------|----|----|-------|----|----|----|----|-----|----------------------------------|
| Planned Leave Type : | ½ CL | CL | ML | C.OFF | EL | OL | SL | OD | LWP | If Short Break : |
| | | | | | | | | | | Out time : In Time : |
| | | | | | | | | | | Duration : |

Reason of Leave :

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CLASS ADJUSTMENT / DUTY ADJUSTMENT

| Date | Class / Sec | Period No | Adjusted To | Signature |
|------|-------------|-----------|-------------|-----------|
| | | | | |
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| | | | | |
| | | | | |

Staff Signature

HEAD OF THE DEPARTMENT

Recommended : YES / NO

If No, Remarks :

Signature :

SANCTIONING AUTHORITY / HEAD OF THE INSTITUTION

Recommended : YES / NO

If No, Remarks :

Signature :

HR DEPARTMENT

Processed : YES

Signature :