

APPLICATION FOR GRANT OF SPECIAL CASUAL LEAVE

1. Name of applicant :
2. Designation with pay scale :
3. Deptt./Branch of posting :
4. Period of special casual leave applied for
(with total number of actual working days) :
5. Saturdays/ Sundays and other holidays, if any,
proposed to be prefixed/ suffixed/ combined to leave :
6. Ground on which leave is applied for :
7. Details of special casual leave,
last availed, dates & period :
8. Rule Instruction order under which covered :
9. Residential Address during leave :
10. Telephone/Mobile No. :

Signature of Applicant
(with date)

Remarks and/ or recommendations of
the Dean/ Head of the School/Branch Officer concerned

Signature (with date
Designation

CERTIFICATE REGARDING ADMISSIBILITY OF LEAVE

Certified that special casual leave for _____(period)
from _____ to _____
_____ is admissible under Leave Rules of the University.

- Special Casual Leave permissible in an year : 10
-- Already availed by the officer till date : _____
-- Applied for : _____

In-Charge (Pers.)

11. Orders of the authority competent to grant leave - Leave granted/ not granted
- Prefixing or suffixing of vacation
allowed/ not allowed/ not applicable

Vice Chancellor, DSEU