



Hi-Tech Institute of Engineering & Technology Ghaziabad

LEAVE APPLICATION FORM

Name : _____ Desig.: _____ Deptt.: _____ ID No.: _____

Leave From: _____ To _____ Total Day(s): _____

Type of Leave Required (please tick your choice) : CL / EL / ML / CO/ OD/ AL / SB / WB

Purpose of Leave : _____

Location during leave period: _____

Date : _____

Signature of Employee

Alternative arrangements during leave period

Date	Period	Subject	Faculty Name	Sign.	Date	Period	Subject	Faculty Name	Sign.

Leave : Recommended/ Not Recommended

HOD/ Incharge

FOR DIRECTOR'S APPROVAL

Leave : Recommended/ Not Recommended

Director