

ORIENTAL GROUP OF INSTITUTES

APPLICATION FOR LEAVE

Name of Institutes (OGI/OIST/OCM/OCP/TCT): _____ Employee Code: _____

Name : _____ Desig: _____ Dept.: _____

Nature of Leave (CL/EL/LWP/ODL) _____ Duration _____ days

Leave (CL/EL) availed till date: _____ Leave Balance _____

Period of Leave on / w.e.f. _____ to _____

Reason(s) for Leave : _____

Permission to leave H.Qrs. Required from _____ to _____

Address During leave _____

Contact No. with area Code: _____

Date: _____

Signature: _____

Please Note: Subject to a maximum of 3 days leave (in continuation) as per rules of the Institute. Atleast ONE DAY prior sanction of leave is compulsory. MUST proceed on leave after sanction only.

Forwarded with specific forwarding remarks of the HOD

Please specify alternative arrangements made for engaging the classes/duties in place of applicant.

Sign. Of HOD with Date:

(For office use only)

DOJ:

Remarks by O.S. :

CL Availed:

CL Due:

CL Balance:

Admin Officer (HR)

Sign. of O.S. with Date:

Recommended/ Not Recommended

Sanctioned/ Not Sanctioned

Sanctioned/Not Sanctioned

Director/ Principal/Dean Admn.(OGI)

Chairman
(OIST/TCT)

Chairman
(OGI)

Date:

LEAVE RECORD FILE

_____ Day(s) leave on/ w.e.f. _____ to _____ has been / has not been

Sanctioned by the competent authority to Ms./Mrs./ Mr. _____

Status of Leave balance _____.

O.S. _____