

# United International University

## Application for Maternity Leave

Name:

Designation:

Department:

Date of Joining	:		If the service is regularized:	Yes	No
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No. of Children (if any):

If child/children is/are given birth during your service at UIU  
(If applicable):

Leave Required From		To		Total Month(s)	
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Address during Leave:
Contact No.:

Recommended by:		
Signature of Head of the Dept. with Date	Signature of Dean of the School with Date	
		Applicant's Signature with Date

### (For Office Use Only)

**Leave Available:**

<b>Casual Leave</b> (A total of 10 days available in a calendar year & maximum 3 days at a time. If the leave sought for exceeds 3 days, the entire period will be counted as Earned Leave.)	
<b>Earned Leave</b> (A total of 21 days available in a calendar year)	
<b>Sick Leave</b> (A total of 10 days available in a calendar year on medical ground duly supported by medical certificate from his/her attending physician)	
<b>Maternity Leave*</b> (A total of 4 months at a time) *conditions apply	
<b>Duty Leave</b> (A total of 15 days / 2 months available in a calendar year)	

**Approval:**

Leave Granted For/From		Only/ To		With Pay		Without Pay
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Type of Leave Approved	
No. of Month(s)	

Recorded in the Leave Register.
Signature with Date



Approved by:
Signature with Date