

# United International University

## Application for Leave

Name:

Designation:

Department:

Leave Required For/From		Only/To		Total Day(s)	
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Type of Leave Requested	Casual	Earned	Sick	Maternity/Duty/Others
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<b>Purpose of Leave:</b>	<b>Arrangements for Missed Class(es)/Exam(s) (For Faculty Members only):</b>

<b>If Station Leave Required</b>	<b>If NOC Required (for overseas visit)</b>	<b>Address during Leave:</b>	
Yes*	No	Yes	No
<i>*If 'Yes', please mention the period</i>			
<b>For/From</b>	<b>Only/To</b>		
		<b>Contact No.:</b>	

<b>Recommended by:</b>		
Signature of Head/ In-charge of the Dept./Office with Date	Signature of Dean of the School with Date (for faculty members only)	
		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 Day(s)			

Recorded in the Leave Register.
Signature with Date



<b>Approved by:</b>
Signature with Date