

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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Purpose of Leave:	Arrangements for Missed Class(es)/Exam(s) (For Faculty Members only):

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

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

(For Office Use Only)

Leave Available:

Casual Leave (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.)	
Earned Leave (A total of 21 days available in a calendar year)	
Sick Leave (A total of 10 days available in a calendar year on medical ground duly supported by medical certificate from his/her attending physician)	
Maternity Leave* (A total of 4 months at a time) *conditions apply	
Duty Leave (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



Approved by:

Signature with Date