

QUAID-E-AZAM GROUP OF COLLEGES



APPLICATION FOR LEAVE

NAME: PHONE NO.:

DESIGNATION: DEPARTMENT:

LEAVE CATEGORY	NUMBER OF DAYS/ MONTHS	DURATION (all dates & timings included)	CONTACT DETAILS WHILE ON LEAVE
1. Half Leave		Out-time..... In-time.....	Address: Tel.: E-mail:
2. Full Leave			
3. Sick-leave			
4. Other reason			

Do you have any task on the date of leaves? YES/NO

If yes then fill the detail of the person who will manage your lectures/other given tasks by the institute

NAME: SINGNATURE.:

DESIGNATION: DEPARTMENT:

SINGNATURE OF CORDINATOR

Reason: (use a separate page if necessary)

.....
Signature of Applicant

.....
Date

RECOMMENDATION:

APPROVAL:

.....
Departmental Head/
Head of Division
Date

.....
Dean
Date

NOTE(After the recommendation submit your form to registrar office for approval. Without approval leave will not be accepted)