Institute of Physics
Bhubaneswar

APPLICATION FOR LEAVE
(E. L. / COMMUTED LEAVE / HPL)

1. Name of the employee :
2. Designation :
3. Section :
4. Type of leave applied for : E.L. / Commuted Leave / H.P.L.
5. Purpose of leave :
6. No. of days of leave required : …… days

	Total No. of Days
From : …… to ……	……
Prefix : ……	……
Suffix : ……	……

7. Incase the leave is applied on medical ground, medical certificate is attached or not : Yes / No
8. If headquarters leaving permission is required, address for communication while availing leave :

:

Contact Tel. No. :

Date : *Signature of Applicant*

Recommendation of Section Head

Leave recommended / Not recommended

Section Head

FOR OFFICE USE ONLY

1. No of days of leave available at credit :

Dealing Assistant

Approval of Sanctioning Authority

Leave is granted / refused

Sanctioning Authority

INTIMATION SLIP

To

……..……..

……..……..

With reference to your leave application dated ……. You have been granted / not granted leave as applied for .

Dealing Assistant