

Matoshri Education Society's
SATYAJEET COLLEGE OF PHARMACY,
KHANDALA, MEHKAR
Tq. Mehkar 443301, Dist. Buldhana (M.S.)

LEAVE APPLICATION

Date:

Date:

Name of applicant:

Designation:

Nature of Leave: CL/DL/Half Day.....

To

The Principal,

Respected Sir,

I request you to grant me leave for day / days on / from

..... To..... (Including both days) for the following reason:

.....

.....

Total leave availed since Jun 20..... during current academic year:

Total leave availed in current month:

Signature of applicant

Workload / Duties Adjustments: Nature of Work (Academic / Administrative / Other Allotted) Details of work load adjustment written on back and we are agree to take responsibility of same.

Sign with name: 1) 2)

Remark: Signature of Principal with date