



SHER -E- KASHMIR
UNIVERSITY OF AGRICULTURAL SCIENCES & TECHNOLOGY OF JAMMU

Application for Leave / Extension of Leave

Type of leave applied (Tick ✓) Name of the Applicant Designation Period of Leave applied Reason for leave applied Last date of return from leave Replacement during leave Address during leave period	Casual <input type="checkbox"/> Earned <input type="checkbox"/> Restricted <input type="checkbox"/> Commuted Leave <input type="checkbox"/>
	Half Pay leave <input type="checkbox"/> Maternity Leave <input type="checkbox"/> Paternity Leave <input type="checkbox"/>
	Others (Specify) _____

No:- _____
Dated:- _____

Forwarded to.....

Sig. of Forwarding Officer

Sig. of the applicant

Title Verification

1. Leave at credit	_____
2. Leave required on	_____
3. Balance	_____
4. Remarks	_____

Verified by _____

Remarks of AC/AO/Adm. Officer
Signature _____
Sig. of Controlling Officer

Sanction Order
(Additional Copy)

Sanction is hereby accorded to the grant of _____ days Earned / Casual / Restricted / Commuted / Half Pay / Maternity / Paternity / Other (_____) leave w.e.f _____ to _____ in favour of Dr./Mr/Miss/Mrs. _____

No:-AUJ/ _____
Dated:- _____

Signature of Issuing Officer

Copy to _____