

SAHRDAYA COLLEGE OF ENGINEERING AND TECHNOLOGY, KODAKARA -680 684

CASUAL LEAVE FORM FOR EMPLOYEES

- 1) Name of the Employee :
- 2) Employee ID :
- 3) Designation :
- 4) Department :
- 5) Number of Days for which CL is required : From.....To.....
: No. of Days.....
- 6) No. of CL availed so far :
- 7) Reasons for applying for CL :
- 8) Alternative arrangements :

.....

Signature of
Head of Section

.....

Signature of the Employee
with date

FOR OFFICE USE

CL applied for is sanctioned :

Entered by

.....

Date:

EXECUTIVE DIRECTOR

DETAILS OF CLASS & OTHER ASSIGNED DUTIES ON THE DAY OF LEAVE

Date	Day	9-10	10-11	11-12	12-1	1-2	2-3	3-4	4-5

Other duties if any:

DETAILS OF ALTERNATIVE ARRANGEMENTS MADE

DATE	DAY	

PROPOSED SCHEDULE FOR COMPENSATING LOST CLASSES:

Recommendation of HOD

Signature of Faculty

