



SRI RAAJA RAAJAN COLLEGE OF EDUCATION FOR WOMEN

Amaravathipudur, Karaikudi -630301

FACULTY LEAVE APPLICATION FORM

FACULTY DETAILS

Name of the Faculty : _____
Designation : _____
Department : _____
Date of Application : _____

LEAVE DETAILS

Type of Leave ☐ Casual ☐ Medical ☐ Earned ☐ On Duty ☐ Permission ☐ Other
Leave From : _____
Leave To : _____
Total No. of Days : _____
Reason for Leave : _____

ACADEMIC / WORK ARRANGEMENT DETAILS

Classes/Work affected during leave : _____
Substitute Faculty / Work Arrangement : _____
Previous Leave taken Details : _____

DECLARATION

I hereby request permission to avail the above-mentioned leave. I assure that the academic and other responsibilities assigned to me will be properly arranged during my absence.

Faculty Signature

Principal

RECOMMENDATION BY PRINCIPAL

Signature: _____ ☐ Recommended ☐ Not Recommended ☐ Approved ☐

FOR OFFICE USE

Leave Balance Before Leave: _____ / Availed Leave Balance After Leave : _____

Office Remarks

Office Assistant / Administrative Officer: _____

Remarks:
