



**Sharif College of Engineering and Technology**

**LEAVE APPLICATION FORM**

Name: \_\_\_\_\_ Designation: \_\_\_\_\_

Department: \_\_\_\_\_ Contact No.: \_\_\_\_\_

Type of leave:      Full              Half

Leave category:      Medical      Casual              Other: (specify) \_\_\_\_\_

From: \_\_\_\_\_ to \_\_\_\_\_ No. of day(s): \_\_\_\_\_

Reason: \_\_\_\_\_

***Makeup classes schedule:***

Postponed class (s) / Lab (s)	New makeup schedule

Applicant's signature: \_\_\_\_\_

Date: \_\_\_\_\_

***Leave Record:***

Leave Record	Balance in Hand (Excluding Above)	Remarks
Casual		
Medical / Sick		
Annual		
Other		

H.R. Manager's signature: \_\_\_\_\_

Date: \_\_\_\_\_

Leave status:      informed              uninformed

HOD's signature: \_\_\_\_\_

Administrator's / Dean's signature: \_\_\_\_\_