

Tulsiramji Gaikwad- Patil college of Engg. and Tech

Second Shift Polytechnic

DUTY LEAVE APPLICATION

(Leave should not be availed without prior approval and alternate arrangement)

Name_____

Department/Section_____ Designation_____

No.of Days Applied For_____ From_____ To_____

Reason of Leave_____

Alternate Arrangement for Class /College Work_____

Sign of Alternative Staff arranged_____

Date_____ Signature of Applicant_____

Remark of the HOD_____

Name & Sign. Of Head of Department

Sanctioned /Not Sanctioned

Dean

Tulsiramji Gaikwad- Patil college of Engg. and Tech

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Tulsiramji Gaikwad- Patil college of Engg. and Tech
Second Shift Polytechnic
Application For CCL

To,
The Principal
TGPCET
Nagpur -441108

Subject : Application for CCL- Reg.

Respected sir,

I the undersigned-----Dept. -----is applying for
Compensatory Casual Leave (CCL) against the on-duty-on-----for(Purpose)-----
----- (-----Day).

Please issue me the credited CCL now for personal work.

Thanking You,

Date:- Name & Sign. of Applicant-----

Remarks of the HOD-----Name & Sign HOD-----

Approved /Not Approved ----- Dean-----

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Remarks of the HOD-----Name & Sign HOD-----

Approved /Not Approved ----- Dean-----

Tulsiramji Gaikwad- Patil college of Engg.
Second Shift Polytechnic

APPLICATION FOR LEAVE

Name of Employee: _____

Designation: _____ Department: _____

College :- TGPCET/AGPCE Teaching / Non Teaching: _____

Leave From: _____ To: _____

Number of Days : _____ (_____ Days)

Type of leave: Casual Leave /Earned Leave /Medical Leave _____

Purpose of Leave :- _____

Sr. No	Date	Time/Duties	Name of Staff for Alternate Arrangement	Sign of Staff (Alternate Arrangement)

(Write Duties assign if any in Time Column)

Remarks of the HOD: _____

Name & Sign. of HOD: _____

For Use of Establishment Section

Type of Leave Sanctioned: _____

Previous Leave Balance : _____

Leave Take : _____

Current Leave Balance : _____

Date: _____

Establishment Clerk

Sanctioned/Not Sanctioned

Dean