

INDIAN INSTITUTE OF MANAGEMENT RAIPUR

Application for Casual Leave/Restricted Holiday (For Faculty & Group 'A' Officer)

1. Name _____ Designation: _____

2. Dept. /Section _____ Nature of Leave: _____

3. Number of days of Leave _____ From _____ To _____

4. Prefix / Suffix if any _____

5. Purpose of leave _____

6. Complete postal address during _____

leave period with Telephone No. _____

7. Whom charge to be given _____

(Strike off whichever is not applicable)

8. Do you have any class / academic activities during the leave period? If yes, specify what alternative arrangement made:

Date: _____

Signature of the Employee

Recommended/Not Recommended

Approved By

(Director)

=====
(FOR OFFICE USE)

Entitlement days (Balance) _____

Leave No of Days _____ from _____ to _____

Remarks if any _____

HR Staff

Head HR