

INDIAN INSTITUTE OF MANAGEMENT RAIPUR

Application for Paid Leave

(For Academic/Admin/Research/Project Associate)

1. Name _____ Designation: _____

2. Dept. /Section _____

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)

Date: _____

Signature of the employee

Recommended/Not Recommended

Approved By

(Head HR)

(FOR OFFICE USE)

Entitlement days (Balance) _____

Leave No of Days _____ from _____ to _____

Remarks if any _____

HR Staff

Head HR